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ABSTRACT

The Healthy Mothers, Healthy Babies survey conducted in spring 1985 drew responses from over 1,500 programs active in maternal and child health efforts directed toward low-income women and their families. The executive summary of this report identifies the major goals, common strategies, and needs of program respondents. Chapter 1 summarizes a series of 15 focus group interviews held with Black and Mexican-American women, and subsequent interviews with their health care providers, concerning sources and needs for health information. Chapter 2 provides a review of the health education literature addressing low-income and minority populations. (This review covers material appearing in or after 1980 whereas the earlier Juarez review covered the decade of the 1970s.) Chapters 3 through 12 summarize survey findings on the following topics: prepregnancy, prenatal, postnatal, and comprehensive programs; breastfeeding; nutrition; substance use during pregnancy; rural populations; Native Americans; and adolescent pregnancy. The findings are categorized according to the service/health care settings or type of educational programs that responded to the survey. Each summary chapter includes sections, where appropriate, on characteristics of programs, services and strategies, staffing, outreach, educational programs, needs for educational materials, successes, and advice and observations. Chapter 13 identifies other sources of information, educational materials, and programs related to maternal and infant health. The survey instrument is presented as Appendix A. Appendices B and C describe services available through the Early and Periodic Screening, Diagnosis, and Treatment program and the National Health Law Program. Finally, all survey respondents are listed; arranged by state, the data includes, in addition to the organization's name and address, the name of the contact person and codes which describe program characteristics (reading level, ages, ethnic groups, special problems addressed, etc.). (RH)

# Healthy Mothers, Healthy Babies

# A COMPENDIUM OF PROGRAM IDEAS FOR SERVING LOW-INCOME WOMEN

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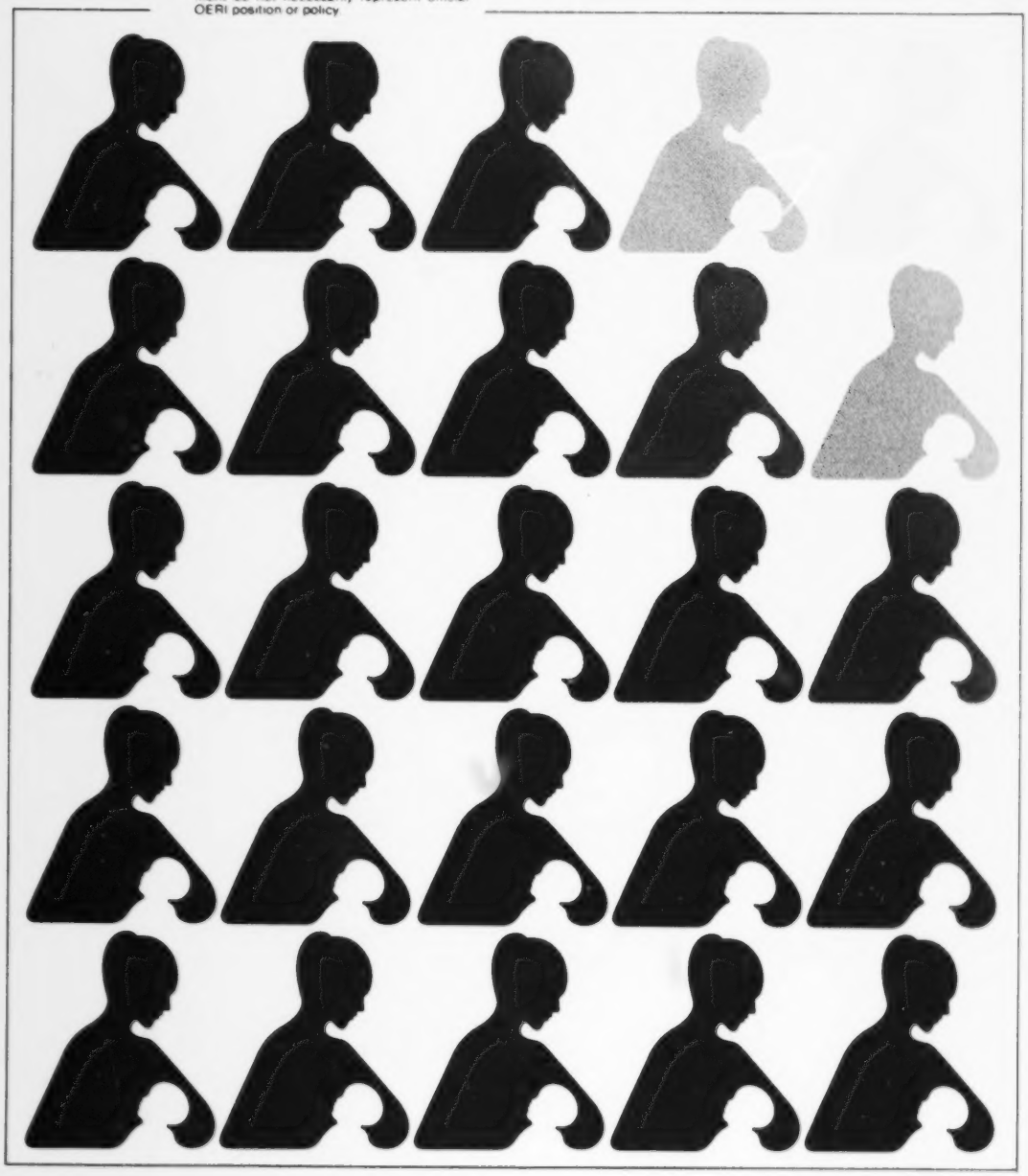

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# Healthy Mothers, Healthy Babies:

# A COMPENDIUM OF PROGRAM IDEAS FOR SERVING LOW-INCOME WOMEN

January 1986

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The opinions expressed and programs described herein are those of the respondents to the Healthy Mothers, Healthy Babies Coalition National Survey and not those of the Division of Maternal and Child Health or of the Department of Health and Human Services. Inclusion here does *not* constitute Coalition or Federal government endorsement.

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# INTRODUCTION

The Healthy Mothers, Healthy Babies Coalition is an informal association of nearly 80 national professional, voluntary, and governmental organizations with a common interest in maternal and infant health.* In addition to the National Coalition, more than 40 States have formed independent Healthy Mothers, Healthy Babies Coalitions. The purpose of the Coalition is to foster education efforts for pregnant women through collaborative activities and to share information and resources. Its goals are to:

- PROMOTE public awareness and education in preventive health habits for all pregnant women and their families
- DEVELOP networks for sharing information among groups concerned about improving the health of mothers and babies
- DISTRIBUTE public education materials on topics related to improving maternal and child health
- ASSIST the development of State Healthy Mothers, Healthy Babies Coalitions

Most of National Coalition program development is conducted through seven Subcommittees, including Breastfeeding, Oral Health, Substance Use During Pregnancy, Injury Prevention, Adolescent Pregnancy, Genetics, and Low-Income Women. This compendium is based on the work of the Low Income Women Subcommittee.

The Subcommittee on Low-Income Women was formed in 1984 to address the educational needs of this high-risk audience, and to identify successful methods and strategies for motivating these women to seek early and regular prenatal care. Currently, the Subcommittee includes members representing 26 organizations. The Subcommittee works to:

- Identify special communications problems, e.g., low literacy, language barriers, cultural sensitivities, and ethnic differences
- Identify "proven methods" for dealing with these problems
- Identify existing or planned low-income educational efforts among Coalition members and encourage development/support of outreach efforts by members not currently addressing the issue
- Encourage National and State Coalition members to aid those across the country who provide services for low-income populations
- Identify sources of support for developing materials/strategies for low-income populations

In the Spring of 1985, the Subcommittee conducted a nationwide survey of programs serving low-income women. Approximately 18,000 survey forms were distributed through more than 20 National Coalition member organizations. A copy of the survey form is included as Appendix A. A total of 1,551 responses were received and reviewed by 24 subcommittee members for inclusion in this report. This report contains descriptions of selected programs, a summary of other responses with an emphasis on educational efforts and needs for educational materials. Also, a brief review of the literature addressing health information/education among low income populations, results of Coalition market research with low income women, and a directory listing all survey respondents are included. We hope that this compendium will provide useful suggestions to health care providers who work with low-income populations, and will help provide program planning and policy direction to State and national organizations and government agencies concerned with maternal and infant health.

Following the publication of this report, the Subcommittee will complete a needs inventory of educational materials based on survey response, and encourage Coalition members to address these needs as they plan new educational programs. Also, Subcommittee members will review educational materials submitted by survey respondents and seek ways of replicating and promoting the best of these.

Suggestions for future projects are welcomed by the Subcommittee, and may be addressed to any member (addresses are included in Chapter 13: Resources). Finally, on behalf of the Coalition, I wish to thank the 1,551 respondents, the 44 reviewers, Caroline McNeil who wrote the most difficult first draft of this compendium, and the other Subcommittee members who continue to work together on behalf of low-income women.

Elaine Bratic Arkin
Chair, Low-Income Subcommittee
Healthy Mothers, Healthy Babies
Coalition

*List of National member organizations and State Coalitions are included in Chapter 13: Resources

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# How To Use This Report

The Executive Summary on page ix identifies the major goals, common strategies, and needs of program respondents that emerged from the survey.

Chapter 1 summarizes a series of 15 focus group interviews held with Black and Mexican American Women, and subsequent interviews with their health care providers, concerning sources and needs for health information. This market research, the "Juarez Report," has been used to identify strategies, topics, and dissemination routes for Coalition-produced educational materials. It is included as a reference for readers concerned with the information needs of these women.

Chapter 2 is a review of the health education literature addressing the low-income and minority populations, included to provide background to the survey findings.

Chapters 3 through 12 summarize survey findings. The findings are categorized according to the service/health care settings or type of educational programs that responded to the survey. Each summary chapter includes sections, where appropriate, on:

- characteristics of programs
- services and strategies
- staffing
- outreach
- educational programs
- needs for educational materials
- successes
- advice and observations

To the extent possible, each chapter follows the same format to facilitate the use of this report by readers who want to scan particular sections (e.g., outreach strategies).

Chapter 13 identifies other sources for information, educational materials, and programs related to maternal and infant health.

The survey instrument is located in Appendix A. Appendices B and C describe services available through EPSDT and the National Health Law Program. These descriptions are included as resources for readers who seek ways to make services more available to low income women.

Finally, beginning on page 100, all survey respondents are listed by State. In addition to name and address, the codes listed below each phone number refer to program characteristics and kinds of women served (index to code is included on the bottom of every right-hand page). Every program cited in this text is listed in this section. Readers are encouraged to contact respondents with similar clients, programs, or problems to their own.

We hope that this report will serve as a reference and referral point, and just a beginning to the sharing among those concerned with the good health of these high-risk women and their babies.

# Executive Summary

The Healthy Mothers, Healthy Babies survey conducted in spring 1985 drew responses from over 1,500 programs active in maternal and child health efforts directed toward low-income women and their families. These programs were classified into 10 broad categories, according to their major emphasis:

- Prepregnancy Programs
- Prenatal Services
- Postnatal Programs
- Comprehensive Programs
- Breastfeeding
- Nutrition
- Substance Use During Pregnancy
- Rural Populations
- Native Americans
- Adolescent Pregnancy

To some extent, all of the programs are involved in activities that are related to most other areas. In addition, they share an awareness of low-income women and their families as individuals. Three major goals emerged from the survey responses:

- Commitment to helping low-income women have healthy infants and reach their full potential as mothers
- Commitment to the physical well-being and emotional development of children born into low-income families
- Commitment to supporting the total family to ensure the participation of mothers and fathers as active, aware parents

Also emerging were common strategies used to reach these goals:

- Use of funding from a combination of sources—Federal, State, and local governments, and from private voluntary agencies and organizations
- Reliance on informal support from community and voluntary agencies that frequently provide facilities for programs and sources of information and referral for potential clients
- Use of volunteers in a wide range of roles to supplement professional and paraprofessional staff
- Efforts to reach low-income families through aggressive, innovative outreach programs
- Coordination with other programs to avoid duplication of effort and to increase contact with low-income families
- Advocacy and education to ensure that women and their children receive the assistance to which they are entitled under Federal and local mandates

Finally, the survey respondents articulated a number of "needs" to help them reach their goals:

- Increased networking and coordination among programs active in providing maternal and child health services
- Increased participation of low-income families in the planning of programs
- Need for printed and audiovisual materials targeted to specific groups, including Black, Asian, Hispanic, and low-income patients; respondents requested materials written at the 4th to 6th grade reading levels (or below) that are heavily illustrated; they asked that basic information (written and audiovisual) be provided on the following topics: reproductive processes and family planning; labor and delivery; fetal and early childhood development, deleterious effects of substances such as tobacco, alcohol and drugs on the developing fetus; and nutrition
- Need for professional, paraprofessional, and volunteer education and training models, and effective methods for evaluating existing programs and available materials.

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1 EXECUTIVE SUMMARY OF THE JUAREZ REPORT

# Healthy Mothers Market Research: How to Reach Black and Mexican-American Women

## OVERVIEW OF THE MARKET RESEARCH STUDY

One phase of the Healthy Mothers, Healthy Babies campaign effort to communicate with women in high-risk target groups consisted of a market research study. Conducted by Juarez and Associates of Los Angeles, the study was undertaken in 1982 to support the development of better techniques and strategies for promoting health messages to women of lower socioeconomic status (SES). In an effort to concentrate resources and prevent dilution of the effects of research variables, the study was limited to low-SES Black and Mexican-American women. The goals of this study were as follows:

1. To identify credible sources of health information for women in the target audience;

2. To explore the roles of family members with regard to health care, especially during pregnancy;

3. To identify potential access points (e.g., media, community groups, and family members);

4. To enumerate the health interests and needs of the target audience;

5. To document the perceived barriers to seeking care and information; and

6. To document cultural sensitivities that should be recognized in program development.

The market research had three components: (1) an analysis of the target audience; (2) research with the primary target audience of low-SES Black and Mexican-American women; (3) research with a secondary target audience of health professionals.

The target audience analysis, consisting primarily of a literature review, is summarized and updated in Chapter 2 of this compendium. The other two components and their findings are summarized here. Copies of the full report are available from the Healthy Mothers, Healthy Babies Coalition, 600 Maryland Avenue, S.W., Suite 300E, Washington, DC 20024-2588.

## METHODOLOGY

Four locations were selected as study sites for market research with the primary target audience and with health professionals. The sites, selected to represent geographical dispersion, population sites, population density, and various ethnic/racial compositions, were Los Angeles, California; Chicago, Illinois; McAllen (Rio Grande Valley), Texas; and Selma (Dallas County), Alabama.

Research with the primary target audience consisted of 15 focus groups, eight with Black women and seven with Mexican-American women. Two age ranges were established between 15 and 22 years of age and between 23 and 34, and within each focus group all of the women were the same ethnicity and in the same age range. Additionally, within the age and ethnic categories, separate groups were conducted with women who were currently pregnant and those who were not. Selected combinations of characteristics were represented in the four sites. Low SES was defined by the Department of Labor's guidelines which are based on annual household income and household size. Focus group participants were screened to ascertain that they met these criteria (a maximum income of $10,400 for a household of four).

By definition, a focus group is a personal interview conducted simultaneously among a number of individuals. Unlike in-depth interviews, which are another form of qualitative research, focus groups rely more on group discussion than on a series of directed questions to generate data. The goal of these focus groups was to explore women's present knowledge and sources of prenatal care, to examine the application and usefulness of educational materials, to identify information and services that are available, and to arrive at techniques that might be used to motivate these women to assume greater personal responsibility for their health and that of their infants.

Information from the secondary target audience—the health care providers for these women—was compiled through a variety of structured data collection methods, including mail, telephone, and personal con-

tacts. Comparable information on a series of topics was received from 163 health workers who had been identified as spokespersons within the community health delivery system of each of the four sites. Like focus group participants, health providers were selected as informed respondents who were knowledgeable and could relate experiences of the group they represent.

Information from this secondary target audience was sought for two reasons: (1) to gain an additional perspective on the health interests and needs of low-SES minority women, on the barriers that such women encounter in attempting to obtain health care and information, and on the importance of cultural influences on health care attitudes and behavior, and (2) to examine the availability and adequacy of the health information materials and techniques that are currently used or recommended by health professionals.

Limitations on the findings and the conclusions that can be drawn from this market research study are those associated with qualitative methods: the research is subjective in the sense that it involved obtaining information about feelings and impressions from small numbers of respondents, information that usually cannot be quantified in numerical terms; and conclusions reflect general trends that do not account for all the individual variations in responses. Additionally, women who participated in the focus groups had some familiarity and experience with the health care system and therefore some motivation toward seeking health care.

## CONCLUSIONS AND RECOMMENDATIONS

Conclusions that can be drawn from the three components of the market research study have been organized around topics related to the study's objectives. Recommendations are presented regarding special considerations for message development and implications of the findings for program development.

### 1. Credible sources of health information

**Social networks.** The literature review suggested that because lower socioeconomic minorities tend to be ethnocentric and isolated from influences that reach White Americans and groups of higher socioeconomic status, the family and friendship network is the dominant influence on health behavior and the most credible source of health information for poor, minority women. Responses from health professionals supported this finding. They stressed that the family often encourages a woman to follow traditional practices and that family and friends provide misinformation that contradicts the advice of the physician and reduces the credibility of health professionals.*

**Physicians.** Although focus group participants reported that they depend on their families for information (particularly on their mothers**), they regard physicians as the most credible source for medical information. However, women in the focus groups frequently indicated that they do not consider most prenatal care issues as problems requiring medical information. Also, the women felt their doctors were often inaccessible to them. They reported that doctors do not seem to have time to talk with patients; some said they do not know what to ask their doctors and, not wanting to appear ignorant, they ask their mothers instead.

**Mothers.** Mothers are generally regarded as the most credible source for subjective aspects of pregnancy (such as whether delivery will be painful) and are more likely to be consulted about minor ailments or discomforts than doctors. Also, mothers are generally accessible and are often sought for information as a substitute for doctors.

**Nurses.** Nurses were cited by both health care providers and focus group participants as the primary conduit for information in clinic settings. However, nurses were rated by the focus group participants as having less credibility than either physicians or mothers. Nurses lack the professional authority of physicians (for these women) and are associated with many of the negative aspects of the clinics — long waits to see the doctor, indifferent and often critical attitudes of the staff, and difficulty in negotiating the clinic system (e.g., uncertainties about proper forms and procedures, language barriers).

**Pharmacists.** While mentioned in the literature as a potential information source for Mexican-American women, pharmacists did not seem to be viewed as particularly credible sources by the Mexican-American women in the groups; they felt that doctors would be better informed and more trustworthy than pharmacists.

**Television.** This was the only broadcast or print medium that focus group participants mentioned as having a high level of credibility for them. Urban Black participants frequently recalled specific programs — documentaries, "For Your Information" ("FYI"), and soap operas, but not public service announcements — that had revolved around health issues. They said they enjoyed these programs and felt that the information received has had an effect on their practices. The visual impact of television was specifically mentioned as the reason for its high credibility; the only reservation that was stated about television was the predominantly White middle class orientation of most programs. Mexican-Americans said that they were interested in television as an information source, specifically mentioning a soap

* Health care providers emphasized the influence of the family for Mexican-Americans and that of mothers, grandmothers, and friends for Blacks.

** The term "mother" is used in this context as a proxy for any older or more experienced woman who holds a position of respect or authority for the pregnant woman.

opera-type program originating from Mexico, but the scarcity of Spanish-language programs decreases its importance for them.

**2. Roles Played by Family Members Regarding Health Care and Information**

Although responses from health care providers emphasized the importance of the pregnant woman's social network as a source of health information, focus group participants were divided with regard to the role of family and friends as sources of information. As discussed, the mother (or mother figure) tends to be an important and highly credible source. Peers were mentioned primarily as providing information on health services rather than advice or information on health practices. The women in the focus groups were particularly ambivalent about the role of the baby's father (or current male partner); although the father may be involved in decisions regarding prenatal care, he is not considered to be a good source of information because he lacks knowledge about childbirth and a woman's anatomy.

**Emotional support.** Focus group participants did not seem to consider the primary role of family and friends to be health education; instead, they felt their important function during the pregnancy is to provide general and emotional support. General support might involve the transportation of the woman to medical facilities, caring for other children, and helping the woman negotiate the health delivery system (English/Spanish translating was mentioned frequently by Mexican-American women). The emotional support provided by family and friends was seen as even more important. Repeatedly, the existence of a social network was mentioned as having positive consequences for a woman's emotional state — and as directly or indirectly affecting a woman's physical well-being. Women in the focus groups reported that they were more likely to stop smoking and eat balanced meals if encouraged to do so by their male partners (or, in his absence, their own mothers or grandmothers).

**Baby's father.** A current relationship with the baby's father seemed especially important as a motivation to adopt good health practices. While the father was not generally perceived as a good source of health information, his presence, emotional support, and influence were reported to have considerable impact on the mother's state of mind and on her assimilation and use of the information she received from other sources. Urban Black women, in particular, were very expressive of their emotions and tended to cite feelings of loneliness and isolation during pregnancy as reasons for not following sound health practices.

**Cultural differences.** Health care providers generally agreed with the literature that Mexican-American women were more likely than Black women to have strong family networks and the presence of a male partner. It appeared that this generalization held true within the focus group context; more of the pregnant Black women appeared to be without male partners than did the Mexican-American women, and more of the Black women stated that they had been without partners during previous pregnancies. Urban Black women also complained that they had to attend prenatal clinics alone while Mexican-American women seemed to be accompanied frequently by family.

Mexican-American women in the focus groups were, in general, more reluctant and less likely than Black women to initiate a discussion of their emotions or the psychological aspects of pregnancy. Instances in which this generalization did not hold true, however, occurred among pregnant Mexican-American women who reported themselves isolated from their families — either by physical distance or the rejection of the woman by her family because she was pregnant and not married.

**3. Potential Access Points for Dissemination of Health Information**

**Public health clinics.** Both health professionals and women in the focus groups cited the public health clinic as the best access point for prenatal health information. Individual counseling with the doctor or nurse, prenatal classes, films or video cassettes, and written materials (generally in that order) were rated by both respondent groups as the most effective means of disseminating information. While responses from health care providers indicated that facilities provide health information on a variety of topics and use most of these methods, many individual health professionals agreed with the assessment of the women in the focus groups that the typical clinic setting is inadequate in terms of its procedures, the attitude and knowledge of staff, and the materials that are used. The following criticisms and recommendations emerged from both groups:

**Clinic waiting period.** Waiting areas in clinics are bleak, unattractive, and overcrowded; waiting periods to see a doctor or nurse are long and the focus group participants indicated that any information given during this time would be read or watched eagerly. The presence or absence of a male partner was not posed as an issue during the focus groups but frequently emerged from the discussion.

Health professionals also recognized that the waiting period is the best time to disseminate information but that clinics have inadequate staff to provide intensive patient education.

**Counseling.** Individual counseling was considered the best method of disseminating information if the health professional can establish rapport with the

patient. Health provider respondents frequently indicated that one-to-one counseling is rushed because of the large number of patients; women in the focus groups complained also that they feel rushed in their encounters with doctors and nurses and don't feel that they receive enough information from either source. Sometimes communication difficulties result from the fact that the staff and patients may speak different languages; most frequently, women in the focus groups stated that they are hesitant to ask questions. The reluctance of patients to participate in the group discussions was mentioned by health professionals who also indicated that the quantity and scope of information given depends often on the persistence of the patient and the caseload of the clinic.

**Education.** Prenatal education classes were considered effective by health providers and respondents in focus groups. Women remembered specific information they had learned in the classes and agreed with the health professionals that classes were best when scheduled during the waiting period rather than at times that require additional trips to the clinics. Health providers indicated two concerns: one, the lack of staff to conduct classes; two, insufficient materials — written and audiovisual materials, films and equipment, and lesson plans.

**Staff attitudes/knowledge.** In addition to statements that staff members spend little time with each patient, both health care respondents and focus groups participants felt that the staff was often hostile and judgmental toward patients. Health care professionals indicated that staff often lacks appropriate language skills, but — more critically, in their opinions — staff members are insensitive to the patients' limited social, educational, and economic resources, and their cultural backgrounds. Recommendations by health professionals included the hiring of additional Spanish-speaking staff and the training of present staff with regard to the difference in backgrounds and perspectives between patients and clinic staff. Specifically mentioned in this context were dietary practices, lack of future orientation or long-range planning among patients, and the traditional decision-making role of husbands in the Mexican-American culture, and mothers or grandmothers in the Black culture.

**Information materials.** Use of films and videotape cassettes in clinics was recommended by both health care providers and women in the focus groups. Health professionals felt such materials are most effective in a class situation, but indicated they do not have sufficient films and equipment and, when available, films are sometimes inappropriate for their patients. (For example, the films depict a White middle-class woman with a husband, their language is too technical, and there is no Spanish-language version.) Some professionals felt that women pay little attention to films shown in waiting rooms. Focus group participants disagreed and stated they would be interested in any kind of information while they were waiting — especially films.

Although they complained of insufficient quantities and inappropriate written materials as well as films, many health providers felt that written materials are effective only to reinforce information given orally. Black focus group participants, more interested in as well as more familiar with pamphlets than Mexican-American women, criticized the unavailability of reading materials and insufficient variety among pamphlets in clinics; they like pamphlets, as opposed to books or posters, because they can take them home, but cautioned that only women already interested in a specific topic were likely to read pamphlets. Both health providers and focus group respondents recommended several ways that written materials could be improved:

- They need to be attractive, easy to understand, short, and preferably colorful.
- Technical jargon, complex concepts, and language requiring good reading skills should be eliminated.
- Photographs or line drawings should be used abundantly, but must reflect the ethnicity and lifestyle of the patients (for example, the existence of a spouse or two -parent family should not be assumed).
- Symbols, such as food or traditions with which the patients are familiar, should be used; stereotyping must be avoided (for example, some health professionals suggested that the use of serapes and mariachis, as symbols, is offensive to some Mexican-Americans).
- Stories or a comic book format were recommended by health care professionals.

Outside clinic settings, the following potential access points were mentioned:

**Women, Infants and Children Program (WIC) staff.** Among focus group participants, the Federally-funded WIC program was frequently mentioned; most women had had direct contact with WIC and indicated a high regard for the program's staff and services. Advice on many aspects of prenatal care as well as food products and referrals for health services had been obtained through WIC community workers. Health providers often cited the impact of WIC's outreach efforts on the number of patients referred to clinics for prenatal care and mentioned the use in clinics of information materials developed and supplied by the program.

**Trained lay persons.** Health professionals and rural focus group participants suggested that older or respected community women be trained to inform women about the availability and need for prenatal health care. Other recommendations by health care providers were to include spouses and family members

in prenatal education classes and to organize groups of community women or clinic patients to discuss their immediate needs and concerns, integrating health information into the discussion only as appropriate.

**Schools.** Schools were viewed by health providers and women in the focus groups as an appropriate setting for prenatal health education because schools have access to the young in an educational environment. Both groups concurred, however, that the school system appears uninterested in prenatal health issues and is currently doing a minimal amount of health education.

**Churches.** Churches were not considered an effective channel for disseminating health information by either focus group participants or health care providers. Women of the target audience indicated that churches displayed a judgmental and often hostile attitude about prenatal issues; and they attended church for spiritual reasons and were not interested in health information through this source.

**Television.** Television programs, both documentaries and dramas, were suggested by focus group members as a good access point. Black women, in particular, indicated that they enjoy learning about health issues through television, and "FYI" was specifically mentioned in many of the groups as a good information source. Mexican-American women tended to see television as a less valuable health information source, primarily because of the scarcity of Spanish-language television programs.

**Radio.** Focus group participants said they view radio programming as generally inconsequential in the dissemination of health information. Some health providers mentioned radio programming as a potentially effective communication medium, but primarily either for reaching Spanish-speaking populations or in the rural areas where other media and the use of outreach workers are limited.

### 4. Health Interests and Needs of the Target Audience

There was no agreement among health providers about the specific types of information needed by low-socioeconomic women; many respondents simply stated that their patients need information on all topics related to prenatal health care. Other health professionals felt that patients do not lack information as much as they lack the social and economic resources — and in some cases, the motivation — to use the information. Still other respondents expressed their frustration about not knowing what types of information their clients want or need because their patients, despite repeated encouragement by clinic staff, tend not to ask any questions; Mexican-American women were mentioned specifically as being extremely reserved although they appear interested when clinic staff discuss various topics with them. Topics mentioned by health providers as those about which their patients seek information (although not necessarily the ones about which they most lack or need information) primarily related to issues of comfort or the disruption of normal routines (for example, the minor discomforts and physical changes of pregnancy, the ability to engage in sex or continue working during pregnancy).

Among focus group participants, several themes emerged that relate to their health interests and need for health information:

- Women in the focus groups demonstrated familiarity with the general guidelines for prenatal health: they could frequently state the need to avoid smoking, using alcohol, and taking medications; they could name the advantages of breastfeeding over bottlefeeding; they could list the food groups to be included in a pregnant woman's diet; they often indicated the value of exercise and the importance of visits to the doctor.

- Although members of the groups discussed the risks for the baby associated with ignoring these guidelines, they generally felt that poor health practices would impact more on the mother's health than on the baby's health.

- Most of the women indicated that they did not comply with most of the recommended health practices and, essentially, had not altered their health practices in any way during their pregnancies.

- Although both Black and Mexican-American women in the focus groups indicated some disbelief in the stated consequences of noncompliance with the recommended health behavior, the general reasons given for not altering their health habits during pregnancy tended to vary between the two groups of women. Mexican-American women most frequently cited two difficulties involved in modifying their habits: the influence of either their immediate family or traditional practices (for example, their husband's reluctance about their being examined by a male doctor) or the effects of limited economic resources and support services (such as not being able to continue breastfeeding due to the need to work). Black women, on the other hand, were more likely to give personally oriented reasons for ignoring health recommendations. They particularly emphasized the emotional stress of pregnancy (e.g., feeling bored, isolated, or left out of normal activities) and its relationship to indulgence in such practices as smoking, drinking, or overeating. They also stated that they had experienced no ill effects during previous pregnancies when they had ignored the guidelines. And they said that any change in a pregnant woman's habits should be avoided because it was a form of "overprotecting" the baby.

### 5. Perceived Barriers to Obtaining Health Care and Information

Barriers identified by health care providers and focus group participants — and supported by the findings of the literature review — centered around three general issues: the low priority of preventive health care among the target audience; difficulties encountered within the health system; and the low motivation of women to modify their behaviors and adopt good health practices during pregnancy.

**Low priority of preventive health care.** Women in the target audience (like members of other groups that are poor, uneducated, and socially isolated) are limited in the social, economic, and personal resources available to them. Priorities of obtaining food and shelter and caring for their families override the importance of seeking prenatal care. Often, women in the target audience only seek health treatment when physical symptoms are acute; pregnancy, viewed as a natural state, is not perceived as requiring medical intervention unless complications arise or arrangements for delivery must be made. Health care providers confirmed this perception that the target audience places a low priority on preventive health care but some offered their opinions that government and other funding sources also put a low value on preventive health care for this group which, from their perspective, is reflected in the resources allocated to any form of preventive health service.

**Difficulties encountered within the health care system.** Many of the difficulties encountered by women have been mentioned in previous sections of this chapter. The primary factors emerging from this study seem to be, first, communication barriers between clinic staff and patients (including lack of time for individual counseling of patients, perceived negative attitudes of staff, insufficient Spanish-language skills of staff, perceived reticence or passivity of the patient); and second, the unavailability or inappropriateness of materials and methods of information dissemination (such as the lack of sufficient Spanish-language materials, the predominately middle-class orientation and high reading level of most materials).

**Low motivation to adopt good health practices.** The generally low motivation of low-SES minority women to modify their health behaviors during pregnancy was stated by many health providers and confirmed by focus group participants (although it was less likely to be emphasized as an important issue in health behavior by Mexican-American women and by health professionals who work with this group). Three factors were frequently mentioned in connection with low motivation:

- The target audience has a predominantly day-to-day orientation; consideration of the effect on the baby of their health habits during pregnancy is too abstract and long range for this group.
- Assimilation of health information often requires women to change long-standing habits and practices; these modifications may be neither understood nor supported by family and peers.
- Other life problems, including emotional stress, may take priority over health care during the pregnancy; in the focus groups, most urban black women (and, to a lesser extent, urban Mexican-American women) were considerably more interested in discussing issues related to mental health than those related to physical health.

### 6. Cultural Sensitivities to be Recognized in Program Development

One object of this study was to document sensitivities that need to be recognized in program development, but the findings from all three components of the research do not clearly indicate any specific cultural sensitivities of the target audience.

**Differences among cultures.** The majority of health provider respondents stated that there are many factors related to the cultural background of their clients that need to be considered in the preparation of materials and the dissemination of information. However, the factors that they tended to cite do not relate to the culture; they relate to common issues for all members of groups that are largely poor, uneducated, and socially isolated rather than specifically to either the Black or Mexican-American culture. The primary cultural consideration in communicating health information, according to the providers and the focus group respondents, appears to be a knowledge and appreciation of differences among cultures. Examples of specific issues that were mentioned are the traditional dominance of the male in the Mexican-American family, food habits that are culturally specific, and possible belief in folklore or use of traditional remedies.

**Mexican-Americans' diversity.** One point that emerged from the focus group discussions was the difference between the individual members of the ethnic group. There was great diversity in both urban and rural areas among participants in the Mexican-American focus groups, particularly related to levels of education, acculturation, and language skills. This diversity is supported by the literature review finding that Mexican-Americans, as a group and as individuals, are in a state of transition.

**Folk beliefs.** Among Mexican-Americans, those individuals who are the least acculturated into American society appear to be the most sensitive about discussing traditional health practices and beliefs. Rural Mexican-American focus group participants exhibited considerable sensitivity and reluctance to dis-

cuss topics which suggested that their values or health practices were traditional (equated, for them, with "backward" and "old-fashioned"), and not modern and Americanized. This sensitivity about the application of traditional notions or stereotypes was also expressed, but more infrequently, in urban Mexican-American groups. Urban Black women were not generally familiar with traditional health practices; rural Black women repeated many folk precautions and a number of women said they followed these practices. However, most focus group participants (Blacks and Mexican-Americans in rural and urban areas) exhibited no confusion between folklore and medical information; folk beliefs, when followed, appeared to be superstitious behavior that did not conflict with acceptance of health information.

## IMPLICATIONS FOR PROGRAM DEVELOPMENT

• There is a need for health information campaigns to emphasize motivational appeals. Low-SES women were familiar with the general guidelines for prenatal care, but frequently did not follow these recommended health practices. Also, there was little recognition of the link between the mother's behavior and its impact on the baby's health. It is important to remember, however, that these women are more concerned with immediate needs than issues requiring long-range planning—and 2 to 3 months is often considered a long-range time frame.

• Women of the target audience primarily were interested in the psychological or psychosocial issues of pregnancy, such as how to cope with emotional stresses and the effects that pregnancy will have on their everyday lives. They are concerned also with issues related to comfort and appearance. Themes should be developed that address these issues and, secondarily, relate information about other prenatal health topics.

• Emphasis should be placed on the public health clinic as the primary point for the dissemination of health information because (1) women who are in the clinics are already interested in health care; (2) they are accessible; and (3) they have time while waiting for appointments to listen and participate in health education.

• Priority should be given to methods of dissemination in this order: (1) individual counseling; (2) prenatal education classes; (3) audiovisual materials. Written materials are the least effective of the most common clinic education methods. Their primary value is that they can be taken home to serve as a reference and reinforcement for information transmitted through other methods.

• Physicians need to be trained in counseling skills because they have the most credibility as a health information source but are often perceived as inaccessible and unwilling to discuss the concerns of patients. Since clinic physicians do have limited time with each patient, techniques are needed to make counseling as easy as possible for the doctor.

• Nurses also need to be trained in effective, yet simple, counseling techniques because they are the primary source of health information in clinics. Unlike physicians, they had relatively low credibility for low-SES women. Material prepared should include an emphasis on the need for clinic staff to understand that low-SES women lack communication skills and have limited economic and social resources.

• Health providers frequently did not know what types of information their patients need because patients are hesitant to ask questions. Effort should be directed at developing materials to assist the patient to feel able and comfortable to communicate her needs to clinic staff.

• Audiovisual and written materials currently available in clinics were criticized because (1) women could not comprehend them; and (2) the materials did not reflect the women's personal life situations. Concerns regarding the required level of language skills, the complexity of the concepts, and the appropriateness of the presentation need to be considered in the future development of materials.

• A model and channel for effective community outreach to low-SES women already exists in the WIC program. This program should be supported and expanded. WIC health workers were highly visible to low-SES women in both rural and urban areas. They were well respected and provided health information as well as referrals for health care. WIC workers are more credible than other health professionals because (1) they are identified with the community; (2) they contact women in settings which are more familiar and comfortable for the women than medical facilities; and (3) they are associated with providing products and services related to the immediate needs of the women.

• Of the mass media, only television programs (but not public service announcements) were found to have influence on the health behavior of low-SES women — and only for Black women.

## SPECIAL CONSIDERATIONS FOR MESSAGE DEVELOPMENT

The findings of the study suggest that the following issues should be considered in the development of messages for the target audience:

• The male partners and mothers of low-SES women could be a secondary target audience for health in-

formation messages because; (1) they have a strong influence on the women's health behavior; (2) they are highly credible sources of health information as well as the source of misinformation; and (3) they can provide emotional support to the women, which has a positive effect on adoption of good health practices.

- Black and Mexican-American women were familiar with folk beliefs and traditional practices, but there appeared to be little conflict between knowledge of folklore and the acceptance of health information. Because these beliefs are familiar to the target audience, they represent possible themes for the development of appeals and materials. For example, the adage that "too much rest will cause the baby to stick to you and might cause a difficult delivery" (se te pega el nino, in Spanish) might be a departure point for a message on the value of exercise.

- Mexican-American women, as individuals and as a group, are in a state of transition; they exhibit a wide range of individual variation in terms of education, language skills, and acculturation. Information appeals directed at Mexican-American women might consider segmentation of this audience and all themes and materials should be carefully pretested.

- Mexican-American women who are the least acculturated tended to regard discussions of folklore and traditional health behavior as a potential source of embarrassment. They are sensitive to any suggestion that they value health practices related to the Mexican culture, which they view as possibly conflicting with health behavior associated with the American culture.

- Urban Black women indicated that modification of their health behavior during pregnancy might be equated with coddling or spoiling the baby and, hence, be undesirable. This belief needs to be recognized in message development — especially messages focusing on the effect of the mother's behavior on the baby's health.

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# 2
# Health Education for Low-Income Groups: A Review of the Literature

Do recent studies throw any light on the best ways to reach pregnant, low-income women? Although few address this issue directly, many cast light on it from one angle or another. This chapter reviews the recent literature relating to health education for low-income groups and provides a bibliography.

Frequent references will be found in this chapter to the Juarez report of 1982. When the U.S. Public Health Service contracted with Juarez and Associates of Los Angeles to conduct market research for the Healthy Mothers, Healthy Babies campaign, the consulting firm's first step was a literature review. This paper is intended to update that review, but it casts a wider net over a shorter time period. While the Juarez review covered the literature of the previous decade, the current review covers reports appearing in or after 1980, on health education or prenatal care for any low-income group. Reports reviewed include journal articles, books, dissertations, conference papers, and government reports.

The Juarez report itself is important in the literature, being one of the few studies since 1980 that deals specifically with prenatal health education for low-income women. The findings of its focus group study are mentioned frequently and should not be confused with the findings of its literature review.

## BACKGROUND STUDIES

There is no lack of reports documenting the importance of prenatal care and education. Prenatal care improved pregnancy outcome among women enrolled in publicly funded programs in North Carolina (Peoples, 1983), in Washington, D.C. (Rahbar, 1982), in Cleveland (Sokol, 1980), in Georgia (Spritz et al., 1983), and in low-income Kansas women (Ryan, 1984). Childbirth education classes for high-risk, indigent women in Atlanta appeared to make a significant difference in their attitudes toward childbirth (Zacharias, 1981). Prenatal breastfeeding education was effective in a Chinese community in Canada (Chan-Yip, 1983) and in a midwest community (Wiles, 1984). A report on American Indians found that, in contrast to the general population, they have less prenatal care and a higher incidence of newborn problems (Sullivan, 1983). Among adolescents (Taylor, 1984; Levy, 1983; Neeson, 1983), the findings are similar: prenatal care and prenatal education improve pregnancy outcome.

One study addressed the cost effectiveness of prenatal counseling. Orstead et al. (1985) found that intensive nutrition counseling helped prevent low birthweight; women who received multiple counseling sessions gained more weight and had fewer low birthweight infants than women who attended a nutrition class only. Moreover, when the cost of intensive neonatal care for six infants was compared to the cost of nutrition counseling, a benefit-to-cost ratio of 1:5 was found.

When it comes to the question of how best to provide prenatal care and education to low-income women, the literature is not so clear. Relevant studies fall into three main categories — sources of health information for low-income and minority groups, motivations for seeking and barriers to prenatal care, and communication strategies for reaching low-income groups. The discussion that follows is organized under these three headings.

## SOURCES OF HEALTH INFORMATION

These fall into four categories: the mass media, social networks, folk medicine, and health care providers. Most studies suggest that television and radio are important sources of health information and that family, friends, and traditional beliefs are of secondary importance.

**Mass media.** The Juarez literature review found that the broadcast media and minority-specific media (e.g. Spanish radio and television stations) enjoyed a large audience and were probably the likeliest vehicles for health education. Studies since then tend to confirm at least the first finding — that radio and television are prime sources of entertainment and information for

low-income groups. A study based on interviews with 35,000 women, a sample representative of women in the contiguous United States, found that a large proportion of those of low socioeconomic status (SES) were exposed to broadcast media, and that they were exposed at all times of the day (Chilton Research Services, 1982). Similarly, a study of knowledge of cardiovascular risks (Gombeski, 1981) found that the poorly informed groups, which were more likely to be of low socioeconomic status, rated television as a good source of health information.

However, there is some disagreement over the value of minority-specific media. Greenberg et al. (1983) found that Spanish youth, who watched an average of 7 hours of television and listened to 2 hours of radio a day, showed little interest in Spanish stations. Hispanic adults in the same community expressed a preference for Spanish media, however (Burgoon, 1983). A commercial marketing study adds evidence to this indication of a generation gap, reporting that older, married, and less educated Hispanics prefer Spanish-language radio while their younger, unmarried, and better educated children listen more frequently to English-language radio (O'Guinn, 1984). It is interesting to note that the number of Spanish-language radio and TV stations is increasing; in 1985 there were expected to be 80 full-time radio stations, 20 full-time TV stations, and 2 national Hispanic TV stations (Shields, 1984).

The Chilton study (1982) helped fill in details about the mass media habits of low-SES women. It found, for instance, that many low-income women not only watch television but also read magazines, primarily *Sunday*, a magazine supplement appearing in many Sunday newspapers, and *TV Guide*.* The pregnant women interviewed were more likely to watch TV than listen to the radio; they also watched daytime TV. A large proportion of black women read Sunday newspapers. Other detailed information emerged from the Juarez focus groups, where participants referred frequently to the television program called "FYI" as well as to dramas and documentaries as being sources of information.

**Social Networks.** Much of the literature of the 1970s stressed the importance of family and friendship networks as sources of credible health information for minority groups. The women in the Juarez focus groups did not agree. The primary role of family and friends for these groups of women was to provide general and emotional support, including help in negotiating the health care system. Except for mothers who were trusted as sources of information on the more subjective aspects of pregnancy, family members and friends were given little credence.

Recent literature includes reports on both sides of this question. Gombeski's data (1981), gathered through a community survey, shows lower-income respondents rating family and friends as poor sources of health information and even poorer sources of credible health information. On the other hand, a survey of Asian-Americans (Ito, 1981) found that friends and relatives were considered important sources. Supporting this view is a report by the American Hospital Association (1982), based on a literature review and interviews with health professionals, cultural centers, and individuals belonging to four cultural groups. This report, which is also an extensive resource guide, emphasizes that social networks are extremely important influences on the health behavior of Hispanics, Blacks, Asian-Americans, and American Indians.

**Folk Beliefs.** Folk beliefs received much attention in the literature of the 1970s, and the Juarez literature review suggested that folk beliefs were strong among Mexican-Americans and rural Blacks. The American Hospital Association report (1982) agreed. Snow (1983) also found evidence of strong folk beliefs among Blacks, bolstered by a distrust of the majority culture and a hostile environment. Other literature of the 80s has concerned Indochinese refugees and their health beliefs (Muecke, 1983; Smith-Santopietro, 1981; Chong, 1984).

But other data cast doubt on the significance of folk beliefs. Women in the Juarez focus groups did not emphasize their importance; these sayings and practices seemed to be recognized as superstitions and did not appear to actually interfere with modern medical advice. In a study of low-income Puerto Rican and White women in Cleveland, Lazarus (1984) found that although Puerto Rican women retained a strong cultural identity, prenatal care practices did not differ between the two groups. Supporting this view, a study of Indochinese refugees (Falvo, 1983) suggests that western medicine is viewed as complementing their home remedies, not conflicting with them. Studies of Navajo (Steward, 1980) and Zuni Indians (Camazine, 1980) also conclude that folk beliefs coexist with and may complement orthodox medicine, but do not displace modern medical advice.

**Health Care Providers.** The Juarez focus groups revealed that health professionals, although often seen as inaccessible, were highly regarded as potential sources of health information. This finding is confirmed by Gombeski (1981) who reported that low-SES individuals named physicians and clinics as their most frequent and most credible sources of health information. Ramirez (1981) also found that Mexican-Americans and Anglos in Houston regarded doctors as the most reliable source. A large majority of those

* The ten most popular magazines according to the Chilton study were, in order of popularity: *TV Guide, Reader's Digest, Better Homes and Garden, Good Housekeeping, Family Circle, Woman's Day, McCall, People, Sunday, Ladies Home Journal.*

surveyed said they would be more likely to read an educational brochure if a doctor gave it to them or if it were mailed to them by a credible health agency.

But the view of the physician as a source of information may be an abstract concept, the Juarez report suggests, because low-SES groups have infrequent contacts with physicians. One study indirectly supports this suggestion, finding that low-income persons who have little experience with the health care system tend to trust doctors more than those who see doctors frequently (Crandall, 1981).

## MOTIVATION AND BARRIERS

Most studies relating to motivation for seeking health care focus on barriers — structural, cultural, or psychological. It seems that while language and other cultural barriers can discourage use of the health care system, simple logistical problems also play a part.

**Structural.** Recent studies confirm earlier findings that structural barriers, such as lack of awareness of services, cost, and transportation, are significant barriers to health care. Alcalay's interviews with low-income Hispanic women in Albuquerque (1981-82) showed that an important barrier was simply not knowing where to go. Similar findings among Asian-Americans were reported by Ito (1981). Of those requiring medical care, he found that 11 percent did not see a doctor; most said it was because they did not know where to go. Problems of cost, language, and transportation were the other reasons. The women in Alcalay's study also mentioned cost and, less frequently, transportation difficulties as reasons for not seeking perinatal care. In addition, Steward's study of Navajos found that logistical barriers — location of health facilities and transportation problems — were more important barriers to medical care than folk beliefs.

Even among patients in the health care system, structural barriers may occur, as in the public health clinic studied by Lazarus (1984). The clients of this clinic, white and Puerto Rican women, regularly waited 2 to 3 hours to see a doctor, sometimes because of registration inefficiencies, lost charts, and missing personnel; sometimes, because doctors were called to administrative meetings during appointment hours. Lazarous found that the "diffuse management" of the clinic, with no one person providing leadership, contributed to these situations. Patient education was scheduled after appointments, by which time the women were long overdue at home and anxious to leave. Seeing a different nurse each time and the lack of a private place in which to discuss personal topics, such as birth control, further discouraged communication between this clinic's providers and patients.

**Cultural.** Many studies attest to the importance of cultural barriers between health professionals and low-income minority clients. These may be nuances of language (Washington, 1983), perceptions of health needs (Falvo, 1983), or the roles of family or traditional practices (Zepeda, 1982). The earlier literature tended to view family ties and folk beliefs as barriers (Andersen, 1981), but more recently researchers have suggested that these do not always conflict with modern health care and may even serve as vehicles for health education (American Hospital Association, 1982; Snow, 1983; Zepeda, 1982; Steward, 1980).

The Juarez report noted that Hispanics in the U.S. were in a state of transition. However, two major commercial marketing studies recently addressed the issue of Hispanic acculturation, and both found that Hispanics were identifying more, rather than less, with their native culture. Yankelovich, Skelly and White, in a 1984 study sponsored by SIN, the Hispanic TV network, found that although regional and cultural differences among Hispanics in the U.S. were disappearing, Hispanics' sense of cultural identity was increasing. Another commercial marketing study in 1984 by the Strategy Resource Corporation found that U.S. Hispanics were becoming more dependent on the Spanish language; in addition, more of those interviewed for this study now felt that it was important to pass on their cultural heritage to their children than had felt a few years earlier (Shields, 1984).

A few studies suggest that socioeconomic barriers may be important in themselves, independent of ethnic group. Ansari (1982) counted visits to a community health center by Whites, Blacks, and Mexican-Americans following a community health education campaign on preventive medicine. Categorizing the visits as either "preventive" or "episodic," he found that Anglos made the most preventive visits followed by Mexican-Americans and then Blacks. But when socioeconomic levels were held constant, there were no ethnic differences. Supporting this concept, Tajalli's study (1984) of middle-income Hispanics found that they used prenatal health services as often as Anglos. And Lazarus (1984), in a study of poor White and Puerto Rican clients of a public health clinic, found that their use of services, their attitudes, and their lack of information about pregnancy and birth were similar; socioeconomic rather than cultural factors appeared to shape their behavior and beliefs.

**Psychological:** Several psychological barriers were identified from the Juarez focus groups: unfamiliarity with long-range planning, the difficulty of changing habits, and the existence of other life problems. In addition, Ansari's findings (1982) suggest that familial disruption discourages Blacks and Hispanics from seeking preventive care.

Positive motivation for healthful practices during

pregnancy may be founded on concerns with physical appearance and comfort, according to the Juarez report, a finding supported by the evaluation of the Federal Government's HealthStyle Campaign (Public Health Service, 1982). The HealthStyle target audience analysis, which oversampled Blacks and Hispanics, suggested that aesthetic and social concerns are important motivators for healthful behavior. However, some doubt is thrown on this hypothesis by one study of Mexican-Americans (McClintock, 1981), which found that lower-SES pregnant women were more likely to be motivated by an interest in the baby's needs than their own (in contrast to white-collar Mexican-Americans and Anglos).

## COMMUNICATION STRATEGIES

In the past few years, two general health communication strategies have received a great deal of attention: use of the media and sensitivity to cultural differences. A few researchers have worked closely with these approaches and made some recommendations. In general, media compaigns appear to be most effective when combined with personal counseling, and personal counseling seems most effective when ethnic practices are incorporated into the teaching.

**Media Strategies.** One study has compared three different communication strategies involving media in a clinic's waiting room (Li, 1984). Conducted in a New York City family planning clinic, it tested three approaches to smoking cessation. One group of women was asked to fill out a questionnaire on their smoking habits and was then counseled by a physician for 3 to 5 minutes. Another group was exposed to waiting room media — a film and a poster — while the third group was exposed to both the media and physician counseling. The women in the two groups counseled by a physician were more likely to quit smoking than those who saw only the film and poster. Those who were exposed to both the media and the physician counseling had a significantly higher quit-rate than those exposed only to the media. The authors conclude that personal communication is a valuable supplement to educational media.

Personal communication combined with mass media also was found to be important in the Stanford Three-Community Study, which compared a bilingual public health education campaign on cardiovascular risk factors in three California towns (Alcalay, 1983). In the first community, only the mass media portion of the campaign was used; in the second, mass media was supplemented by personal instruction for high-risk persons (through community groups); and the third community, serving as a control group, was not exposed to the campaign at all. In the population exposed to personal instruction supplemented by mass media, the campaign was most successful. Both communities exposed to the campaign achieved a reduction in risk factors compared with the control population, but the reduction was significantly greater in the community where personal instruction was used.

What kind of mass media is most effective? Some studies have suggested that television and radio dramas may be effective conduits of health information. The Juarez focus group participants reported remembering health information conveyed in soap operas and on "FYI," and Ramirez (1983) reported a high rate of response to a radio novella. Another innovative approach is described by Danaher (1984) who found that a smoking cessation program incorporated into a local news program had some success, especially among those who wrote in for the free booklet offered.

Public service announcements (PSAs) have had reports of mixed success. Ramirez (1981) found that PSAs on high blood pressure, carefully developed to appeal to a specific audience, were successful in motivating visits to physicians although they appeared to have little effect on knowledge. Likewise, the HealthStyle campaign's PSAs, posters, and booklets seemed to have little effect on their urban audiences, according to an evaluation conducted 8 months later (Public Health Service, 1982); however, the campaign did appear to have made the target audience more positive in its ratings of local health programs, and this improvement was most marked among Hispanics and Blacks. A lead poisoning education campaign in Baltimore had somewhat similar results (Ross, 1980). The campaign, which consisted primarily of personal counseling, did not seem to increase knowledge significantly, but the target audience, urban and 91 percent Black, was more likely to use the lead screening services available after the campaign.

Can mass media campaigns reach different segments of the population? The answer is yes, according to Fortmann, et al (1982), if they are carefully designed. Their study of social factors in relation to diet, weight, and cholesterol before and after the Stanford Three-Community Study found that over the 3 years of the campaign, all SES groups reported 20 to 40 percent decreases in dietary cholesterol and saturated fat; the decreases were at least as large in low-SES and Spanish-speaking groups as in high-SES groups. Pointing out that the campaign was carefully designed to reach Spanish speakers and low-SES persons, these researchers conclude that "preventive programs can be designed to appeal to all social groups in a community."

It should be noted that any researcher attempting to evaluate the effects of a mass media campaign is beset with difficulties. Lau, et al. (1980) analyze the prob-

lems in their review of televised health campaigns of the 1960s and 1970s and offer, in conclusion, an outline of an ideal evaluation.

**Cultural Sensitivity.** The emphasis in the earlier literature on the need for health professionals to understand cultural differences has led to at least three recent resource books on intercultural health communications. One, prepared by the American Hospital Association in 1982, describes the cultural characteristics of four groups — Blacks, Hispanics, Asian and Pacific-Americans, and American Indians — with special reference to cultural sensitivities and potential communication problems. The guidelines are based on a literature review and on interviews with health professionals, cultural centers, and ethnic group members. The second, published by Planned Parenthood (Andrade, 1982), discusses Latino families' needs and sensitivities. The third (Henderson, 1981) is a collection of essays on the health attitudes and practices of many cultural minorities. These and many of the authors cited earlier recommend that health professionals seek ways to work with, rather than against, cultural attitudes and customs.

In addition to these resources, a step-by-step plan for developing a culturally relevant health education campaign is provided by Ramirez (1981). She outlines 10 planning phases, from definition of the target audience through evaluation and modifications, used successfully in a campaign to reach Mexican-Americans with information on cardiovascular risk factors.

A few other reports offer health professionals isolated pieces of advice for communicating with low-income women. Zepeda (1982), for instance, discusses ways of approaching the issue of binding the baby's umbilical cord, a practice followed by some Hispanics. Washington (1983) notes that the presence of a male health professional hindered Hispanic women's participation in health education classes. A report on an adolescent prenatal care program emphasizes the need for concrete, detailed, and repetitive information (Westman, 1984).

A final point, which is made repeatedly in the literature, deserves emphasis: there is significant diversity within ethnic groups. The AHA resource guide cited above differentiates between levels of acculturation within each group. The differences among Hispanics are emphasized by Alcalay (1981), Ramirez (1981), and the Juarez report, among others. Washington (1982) notes that Hispanics from one South American country may find certain words offensive that are neutral to those from another country. All make the point that clinicians and health educators must be sensitive to the differences within ethnic groups, as well as between them, in order to communicate effectively.

## SUMMARY

It is difficult to draw conclusions from studies that are not comparable. Target populations and methodologies differ widely. The researchers mentioned in this review have approached health education from many different perspectives using informal surveys, scientific samplings, case studies, and in a few cases, controlled comparison. However, taken together, the findings do suggest some tentative generalizations:

- The broadcast media and some magazines are important sources of information for low-income groups. Dramas, documentaries, and other forms of programming should be considered in addition to PSAs in designing a health education campaign.
- Traditional health practices and families may be important emotional supports but they are usually not barriers to acceptance of medical advice. Many authors suggest that health professionals be aware of and make use of cultural traditions as ways to reach their patients.
- Logistical factors are significant barriers to obtaining health care for low-income groups. Many people do not know where to go or have trouble getting there. Some educational campaigns seem to have helped remove this barrier.
- When personal counseling supplements a mass media health education campaign, the campaign may have a greater impact. Respect for health professionals as sources of health information is high, according to some studies.
- Knowledge of specific cultural attitudes and behaviors is important in communicating with members of minority groups. Health professionals also must realize there are differences within ethnic groups, such as between Hispanics from different South American countries. Hispanics in the U.S. appear to be maintaining a strong cultural identity.

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# 3
# Prepregnancy Programs

Prepregnancy programs confront a unique challenge: attracting clients before any medical need is apparent. "Guidance," "referral," and "information" were the goals identified most frequently by the 51 programs responding to the survey; and outreach, counseling, and education were the means used to reach their objectives.

The returned survey forms revealed many similarities among prepregnancy programs. Funding is most often provided by State and local governments; but many clinics cited client contributions based on a sliding scale as another source of funds. (A problem commonly mentioned was government budget cutbacks, combined with increased client loads.) Teenagers are targeted by many programs, although few restrict services to one age group. These programs serve a wide variety of ethnic groups.

Only two responses were received from genetics screening and counseling services, perhaps because distribution of the survey was targeted to programs serving low-income women, and most genetics services are directed to all women.

## SERVICES AND STRATEGIES

Most prepregnancy programs responding to the survey are clinic-based and offer both medical services and counseling. A typical clinic offers family planning advice, pregnancy testing, PAP smears, and testing and treatment for sexually transmitted diseases. Referral to other health care resources was also mentioned as a standard service. As Planned Parenthood of Mohawk Valley in Rome, New York, wrote:

> • *Large numbers of pregnancy tests are done where limited prenatal care is available; therefore, we have the opportunity and obligation to try to ensure that clients will seek prenatal care.*

**Counseling and education.** Counseling and education were reported as integral parts of the clinics' services. Counseling can occur in a variety of settings—one-on-one meetings, small group classes, clinic waiting rooms.

**Risk assessments.** Survey responses described several patient education programs based on risk assessment that were developed especially for family planning clinics.

> • *The East Midlands Health District, South Carolina Department of Health and Environment, uses a short quiz,* HealthStyle, *from the U.S. Public Health Service to identify patients' risks. Clients in the health department's family planning clinic take the quiz in the waiting room and then are given a packet of educational materials on one of three topics—high blood pressure, weight control, or smoking—depending on the results. The packets are intended to be read in the waiting room and left there.*
>
> • *Another self-administered health appraisal is the basis of the University of North Carolina's Preconceptional Health Promotion Program. Used in local health departments' family planning clinics, the appraisal identifies potential problem areas. A series of follow-up pamphlets in simple English, developed by the program, recommends ways to prevent potential problems.*
>
> • *A third project, the Preconceptional Intervention Project in Orangeburg, South Carolina, seeks to identify and eliminate risk factors in pregnancy through clinical screening. Clinic staff identify the risk factors—such as obesity, diabetes, alcohol use, and genetic disorders—and patients participate in educational and behavior change programs tailored to their needs.*

**Male involvement.** One survey respondent described a Male Involvement Program offered by Planned Parenthood in Grand Rapids, Michigan. The Program "is designed to encourage men to come with their partners to the clinic. It is also designed to provide educational information and materials for men." Contraceptive supplies, private counseling, and an information packet for men are available. Men and their

partners may participate in family planning consultations, pregnancy test visits, and teen rap sessions. A male educator is available for counseling.

## STAFFING

Whatever the form—informal or formal—or setting—one-on-one, small group, classroom, or on the telephone—quality staff training was repeatedly cited as critical and essential to success.

### GUIDELINES FOR COUNSELING

**The responsibility of any educator is to present sound, concise information on the learner's level of understanding.**

**Absorption and integration of the information will presumably enable the learner to make wanted changes in his/her life.**

**Almost all the responsibility for acting on the information lies with the learner. For example, giving a person directions in the street enables him/her to get from point A to B; something he/she previously didn't know. The responsibility of following the directions is up to him/her.**

**Counseling adds a function to education.**

**Besides imparting information, it is the responsibility of a counselor to help the learner integrate the information into his/her experience, to help in the decision-making process (change).**

**Education can be impersonal; counseling is always personal.**

**Education does not require feedback and two-way communication; counseling does not exist without it.**

**Education involves imparting factual knowledge on:**

**a. how pregnancy occurs**
**b. effects of unregulated fertility, physically and emotionally**
**c. the menstrual cycle**
**d. methods of birth control**
**e. correcting misinformation patient may have**
**f. instructing in use of chosen method**

**Counseling involves:**

**a. exploration of patient's interest in controlling fertility**
**b. exploration of patient's life style**
**c. exploration of patient's physical condition**
**d. discussion of pros and cons of methods in light of "a," "b," and "c"**

**(From the In-Hospital Program, New York City)**

- *At the Long Beach Family Planning program in Long Beach, California, telephone counseling and follow-up are considered so important that the staff, including clerical help, are given twice monthly classes on telephone counseling.*

Involvement of staff in planning programs and choosing materials is also important. For example, the Preconceptional Promotional Program in Chapel Hill, North Carolina offered this guidance to others:

- *Start with a small effort and involve the people who will be implementing the program in the design phase;*
- *Continually demonstrate a high level of sensitivity to the constraints faced by clinic staff, in terms of time, space, and personnel;*
- *Allocate significant time to staff education and provide ample reference resources;*
- *Test tools (i.e., pamphlets, health risk appraisal) on patients and staff for acceptability and usefulness before using.*

In addition to professional staff, many programs rely on peers, parents, and volunteers as resources to reach their target groups. Some examples are cited in the "Outreach" section of this chapter, along with suggestions for training unpaid staff.

## OUTREACH

Outreach is an important tool for survey respondents who have developed extensive services outside their clinics. In addition to schools, respondents stressed the need to reach the high-risk population in other community settings such as churches and Head Start programs. Several groups mentioned that "word-of-mouth" had the most impact on their target population. Some examples of active outreach programs follow.

- *In Wauwatosa, Wisconsin, the March of Dimes Birth Defects Foundation has initiated a health education program for prison inmates which includes reproductive health and family planning. Prison staff decided on dates and times and were consulted on the needs of the prisoners as the program was designed. The classes include anatomy, basic concepts of love and caring, family planning methods, sexually transmitted diseases, and smoking. The program also gives information on health facilities in the area for sexually transmitted disease testing and treatment and for sickle cell and Tay-Sachs screening.*

Outreach efforts relying on paraprofessionals and volunteers are also successful in meeting client needs.

For example:

- *Described as an "in-reach" rather than an out-reach program, the In-Hospital Program in New York City brings family planning information to the bedside of women who have just given birth. Community-based, paraprofessional counselors explain the family planning methods available, help each woman choose the method best for her, and ensure that she receives her method of choice before hospital discharge. The program reaches women at a time when there are fewer distractions than may be usually present and at a time of high motivation for family planning information.*

- *The Askable Parents Program in New York City works with community agencies to help parents become more comfortable as the key sex educators of their children. "To accomplish this goal," reads the program description, "the program relies on the existing support networks parents use: church, school, community organizations. As facilitators, we chose to use peers who would serve as role models and, as parents themselves, understand the concerns and problems parents face in this most perplexing and difficult task. Parent-leaders receive specialized training in sex education, communications, and group leadership skills. Most parent-leaders are active in community organizations and were chosen by these organizations to receive training. Parent-leaders receive a small stipend to defray out-of-pocket expenses; however, their commitment is basically that of a volunteer." The Program has targeted the areas of the city with the highest rates of adolescent pregnancy. In the 5 years of its existence, it has reached from 360 to 1,800 parents a year and received favorable evaluations from participants and parent-leaders.*

- *Planned Parenthood in Youngstown, Ohio, sponsors a Panel of Parents, which presents school programs on teen parenthood. As single, teen mothers, the panelists talk about their own experiences and answer questions from their audience. The panelists are screened carefully for communication skills and the target audience has reacted positively to the program. "Students complete evaluation forms and their comments tear at the heartstrings," noted this survey respondent. "They truly appreciate hearing the facts from their peers."*

## EDUCATIONAL PROGRAMS

Comprehensive prepregnancy educational programs are often multifaceted. For example, the Women's Health Programs at the Indian Boarding School in Riverside, California, instituted an active family planning program with five major components: a major publicity campaign, guaranteed confidentiality, easily accessible services, an active outreach and referral system, and a nonjudgmental, understanding attitude on the part of clinic staff. A marked decrease in pregnancies and increase in contraceptive use has been the result of this program, whose staff commented, "We have a captive audience, but we still have to encourage use of services."

**Materials.** Educational materials are an important tool in family planning and prepregnancy programs. Many survey respondents use Planned Parenthood and March of Dimes, and State health department materials. One respondent recommended requesting assistance from the Planned Parenthood Federation prior to beginning a program.

### HOW TO PUT A PARENT PANEL TOGETHER

**Early in September, a mailing list is sent to school counselors and social service workers, asking them to distribute "recruitment cards" to teen parents they feel would be interested in participating in and effective as members of a panel. Prospective panelists return the cards to the Coordinator, if they are interested, and they are called for an interview. At least eight to ten candidates are interviewed, and the most suitable are selected.**

**Training**

**One session is held before the first speaking engagement at which we—**

- **build the team**
- **give information on community agencies dealing with teen problems**
- **give information on Planned Parenthood**
- **practice a 5-minute presentation and public speaking techniques**

**Engagement Logistics**

**Panel members are responsible for their own transportation and babysitting arrangements. A schedule of engagement times, places, and directions is sent to panel members in advance. (Babysitting is reimbursed.)**

**Evaluation**

**A form is passed to classes at the end of the presentation, asking overall rating of the program, comments on each part (situation/story/discussion, statistics) and any change in attitude brought about by hearing the panel. (From Planned Parenthood of Mahoning Valley, Youngstown, Ohio)**

Because educational materials can be expensive, the East Midlands Health District, South Carolina Department of Health and Environmental Control has developed a simple evaluation process to pretest materials before purchase. Using this process, East Midlands selected materials for patient education packets on three topics. (See description of this program under Risk Assessments.) This program stressed the need for inservice training to encourage staff reinforcement of information presented in the materials.

Other programs have developed their own materials:

- *The Teen Reach Program in New York City has developed a curriculum specifically for inner-city schools. Based on a DHHS curriculum, "A Decision-Making Approach to Sex Education," materials have been adapted for an audience with a wide variation in reading and writing skills. This program has also developed new sections to emphasize topics felt to be especially important to inner-city adolescents.*
- *Planned Parenthood in Kalamazoo, Michigan, developed a cable program, "Every Child a Wanted Child," which won a first place national 1984 Award for Cable Excellence. Networking played an important role in this project, with Western Michigan University acting as television production agent, a local grant supporting initial planning and production, and the Kalamazoo Community Access Center providing the first cablecasting of the six, half-hour programs. The six segments are now available for use by other organizations.*

## NEEDS FOR EDUCATIONAL MATERIALS

The need for materials was most often cited by survey respondents, with quite specific topics and formats requested. Included were: materials prepared for clients with reading difficulties; a brochure on sexually transmitted diseases written at a 4th grade reading level; simple pamphlets on the potential effects of high blood pressure, smoking, and obesity on future pregnancy; Creole-language materials; father-to-son literature stressing the "manliness" of using a condom; materials to help teens acquire and build self-esteem and communicate effectively with their families; and literature on the health risk of pregnancy before age 17 and at less than 1-year intervals.

## ADVICE AND OBSERVATIONS

Beyond the often-expressed need for sensitivity to the emotional and cultural needs of clients and the necessity for careful planning and patience, survey respondents offered numerous practical suggestions. Some of these are listed below:

- *Have Sunday morning and some evening hours to make services available to women who cannot come at other times. (University Family Planning Program, Miami, Florida)*
- *Give tours of clinics for school-based programs. (Teen Reach Programs, New York City)*
- *Include coupons for free pregnancy tests with food stamp mailings. Note: Those receiving the coupons were eligible for free testing anyway, but the coupon increased participation rates. (Auglaize County Health Department, Wadokoneta, Ohio)*
- *Advertise in restaurants and laundromats near the trailer parks. (Auglaize County Health Department, Wadokoneta, Ohio)*
- *Locate in an accessible spot and operate at convenient times. (Planned Parenthood of Mahoning Valley, Youngstown, Ohio)*

### FILM MAKING TIPS

**Recommendations for video production from the producers of "Every Child a Wanted Child":**

- **Use individuals from assorted and racial/ethnic backgrounds in filming.**
- **Script carefully, using real situations and real people.**
- **Use *graphics* that teach, in addition to situational training and lecture/discussion, for reinforcement.**
- ***Market widely* to reach as many people as possible.**

**(From Planned Parenthood, Kalamazoo, Michigan)**

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# 4
# Prenatal Services

A broad spectrum of prenatal programs are represented in the 223 responses in this category. Some emphasize clinical care; some focus on classes or offer other kinds of instruction and support; and some sponsor public information campaigns. Within each group are programs that describe special strategies for reaching low-income women and retaining them in the health care system.

Many prenatal programs are marketing services, engaging in outreach, and developing strategies to attract low-income women; and many wrote of the results with enthusiasm. As a Coalition reviewer commented, they are seeing, through formal and informal evaluations, that their work makes a difference, and this has encouraged them to continue and expand their efforts.

## SERVICES AND STRATEGIES

With funds from State and local governments, supplemented in some cases with Federal monies, foundation grants, and client contributions (on a sliding fee scale), clinics provide direct prenatal health care, sometimes combined with counseling and classes.

**High-risk screening.** Many survey respondents work to identify and provide special care to women at high risk for delivering a low birthweight baby. For example:

> • *The Low-Birthweight Prevention Program for South Carolina, based in Charleston, has Low-Birthweight Prevention Clinics located in five health centers around the State. Sponsored by the March of Dimes and the State, each clinic follows the same protocol. "The strategy tested in this program is one using a nurse-midwife to give intensive prenatal care to patients who early in pregnancy are identified as being at risk for delivering a low-birthweight infant. These women are identified by use of an objective scoring system in WIC and health department prenatal clinics throughout the State. Women randomized into the program are referred to a Low-Birthweight Prevention Clinic where they are followed with more frequent prenatal visits. In this project emphasis is on: 1) prevention or early recognition of preterm labor; 2) good nutrition; 3) avoidance of adverse health practices such as smoking, alcohol, or drug use; and 4) social support and stress reduction. The program and control groups will be compared at the five centers to determine the effect on the incidence of low birth-weight and the effectiveness of the screening tool for identifying women at risk for this problem."*
>
> • *The Prematurity Prevention Program in Colorado Springs, Colorado, identifies women at risk for premature labor through a simple card covering both medical and socioeconomic factors, which is filled out by the patient. Those at risk are enrolled in a special educational and support program offering weekly classes. The classes are free, and family members are invited to attend. A special session is available for teenagers.*
>
> • *Another approach was described by the IPOP Program in Vero Beach, Florida, which uses the Creasy* formula to identify high-risk patients. These patients are visited at home by public health nurses.*

But it is not only the logistics of low-cost prenatal care on which these programs focus. "To encourage and allow early entry into prenatal care for the low-income target population and to intensify the prenatal care for those at risk for low birthweight," is the goal statement of the Prenatal Care and Nutrition Program in Syracuse, New York. Earlier care for more women and special attention to high risk pregnancies were goals shared by many respondents.

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*Developed by Dr. Robert Creasy at the University of California, San Francisco Medical School, the Preterm Birth Prevention Program is a program to reduce the incidence of babies born prematurely. The program includes scoring and assigning patients according to their risk of having spontaneous preterm labor. Patients in the program are instructed in self-detection of labor and those at high risk are followed weekly in a special clinic. A major component of the Program is in-service education of the obstetric staff about how to work with patients at risk for preterm birth.

**Coordination with nursing and social services.** In analyzing obstacles to prenatal care, the Syracuse program cited above found:

> • *That entry to prenatal care was too complex and imposing, that Medicaid application was too complicated, and that prenatal care had been too restricted to medical-obstetrical disorders. It addressed these problems by working with the city's departments of health and social services. Social workers and public health nurses from these departments help patients through the complexities of entry to prenatal care and a nurse practitioner provides education. With this approach, the clinic found that the number of indigent patients registering in the first trimester of pregnancy rose from 25 percent to 46 percent.*

**Discounts on delivery for clinic attendance.** The PRREP program in Cornelius, Oregon, allows patients to earn discount coupons, good toward the costs of delivery, by actively participating in a prenatal care plan. The coupons are earned at each prenatal visit and can lower delivery charges to $300. Funded completely through private foundations, the program guarantees a minimum of $100 to each participating obstetrician and $200 to each participating hospital per delivery. For this guaranteed amount, the hospital and physician agree not to bill patients further. One advantage of this system, said this respondent, is that:

• By offering women opportunities of 'earning' a lower cost delivery, it eliminates the free care aspect, incorporates the work ethic, and, as a result, puts pride and dignity back into the process.

**Coalitions.** By joining with other groups in their communities, some clinics have been able to reach a wider range of prospective clients.

> • *The Montefiore Family Health Center's Low-Birthweight Prevention Project in the Bronx, New York, has become involved in the Bronx Perinatal Consortium. "The efforts involve public service announcements, press releases, and letters to interested politicians in the hopes of helping the near poor — those women who don't qualify for public assistance, but who are unable to afford the cost of prenatal care."*
>
> • *A committee of community representatives was instrumental in establishing the Prenatal/Postpartum Care Program in Charlotte, Michigan. The clinic now uses informal arrangements with other community groups to increase its patient load. For instance, clinic staff provides educational seminars at the county's Alternative Education Program which, in turn, is a continuing source of referrals for the prenatal clinic.*
>
> • *The East Bay Perinatal Council in Berkeley, California is a coordinating body for the exchange of information among hospital administrators, private physicians, county and community clinic staff, nutritionists, health educators, and support service providers. With funds from the State, foundations, and corporations, the Council "provides basic coordination and follow-up staff work, allowing members to meet monthly to exchange information and address emerging perinatal issues; gathers and makes available information on perinatal data, trends, and programs; acts as a technical resource on perinatal issues to providers, policy makers, the press, the public, and students. These activities are the foundation upon which all other Council work rests." Other Council work includes door-to-door outreach as well as the "Tell-A-Friend" campaign described elsewhere in this chapter.*

**Providing continuity.** A number of clinics emphasized the importance of continuity in retaining clients. "Having one (bilingual) person who the patient knows follow through (the prenatal period), during hospitalization, and postpartum has made our program successful," wrote the South Cove Community Health Center in Boston, which serves new immigrants from China, Vietnam, and Cambodia.

**Targeting single mothers.** The Optimal Pregnancy Outcome Project was devised by a community health center in Fayo, North Dakota:

> • *"To increase the capability and accessibility of prenatal and postpartum services to single pregnant women and ensure that quality, comprehensive health, social and nutrition services are provided...." A project coordinator, nurse practitioner, social worker, and nutritionist provide pregnancy tests, counseling, and referrals at four monthly clinics intended to supplement regular prenatal care. Clinics are well attended with only a small percentage of missed appointments; in its first 2 years of operation, the program saw an 18 percent increase in single women seeking care in the first trimester.*

## STAFFING

A mixture of professional, paraprofessional, and volunteer staffing is characteristic of prenatal programs. These components are discussed below.

**Physicians.** Finding the physicians to serve clients is a problem for some programs. The Prenatal Clinic for Low-Income Women in Hammond, Indiana, for instance, provides preliminary care, while a social worker attempts to find a physician willing to make a fee agreement. But this respondent wrote, "Our funds are running out...the physicians who have been taking our patients are becoming more and more reluctant to do so...."

**Nurse-midwives and nurse-practitioners.** Nurse-midwives and nurse-practitioners were mentioned frequently by survey respondents as primary caregivers. The IPOP Clinic, Vero Beach, Florida, is staffed by two nurse-practitioners who see patients during routine visits and answer calls between check-ups. Obstetricians serve IPOP Clinic patients on a rotating basis. At the Weber-Morgan District Health Department Prenatal Program, Ogden, Utah, clinics are staffed by certified nurse-midwives with assistance from public health nurses and health aides. Patients may be delivered by a nurse-midwife or by a medical resident at a nearby hospital.

Nurse-midwives not only deliver babies, but also provide prenatal and postpartum care and often education, according to the nurse-midwifery programs responding to the survey. Almost all were affiliated with hospitals or clinics.

The time to give personal attention was emphasized as a special characteristic of the nurse-midwife by respondents. "As midwives we provide much one-to-one time discussing nutrition, emotional needs, and treating our client families as individuals," wrote the Bamberg Nurse-Midwifery Service in Bamberg, South Carolina. Nearly all cited statistics demonstrating low rates of complications and high rates of normal weight, healthy babies.

The following description typifies a high-quality nurse-midwifery program:

> • *The Nurse-Midwifery Department of Phoenix Memorial Hospital in Arizona "provides care, utilizing medical consultation and collaborative management, for mothers and newborns throughout the maternity cycle....A wide range of educational programs are an integral component of the service. A Certified Nurse-Midwife is an individual educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives....The Chairman of the Department of OB/GYN, a Board certified obstetrician, provides medical direction for the Nurse-Midwifery Service. The designation of patients appropriate for nurse-midwifery management is the joint responsibility of the obstetrician and nurse-midwife." This program offers parents various birth options such as low lights during the birth and variable positions during labor.*

**Labor coach volunteers.** Asian Health Services, Oakland, California, has developed a Labor Coach Volunteer program. Its fact sheet for patients explains:

> • *A labor coach is someone trained to support, encourage, and provide comfort to you during your labor and delivery....She can also provide translation and act as a liaison between you and hospital staff....If you decide to have a labor coach, you can meet her at one of your prenatal visits. She will call you periodically to see how you are doing. At the time of labor, she will then meet you at Highland Hospital and stay with you through the delivery.*

Volunteer labor coaches for mothers without companions are also provided by the Jefferson Davis Childbirth Education Association in Houston, Texas, which has developed extensive training procedures and guidelines for volunteers. "Don't hesitate to let go of volunteers who aren't committed or good at what you are doing," advises the staff of this program.

**Counselors.** The Colorado Low Birthweight Prevention Project in Denver sends counselors to four local public health prenatal clinics. Funded by the Federal Government, the Project is developing strategies for reducing the incidence of low birthweight. The counselors:

> • *assist women who smoke, use alcohol, are gaining weight inadequately, or are severely anemic during pregnancy....This project is*

*based on the premise that many of the births in Colorado's "problem" birthweight category may be due to behavioral factors alone. This hypothesis is supported by the fact that most births in this "problem" weight category are not premature and are more likely to be intrauterine growth retarded, a condition often linked with smoking, alcohol use, and poor nutrition.*

Results from an interim evaluation of this program show that 41.1 percent of those counseled had reduced their levels of smoking, 88.9 percent had stopped drinking alcoholic beverages, and 68.8 percent had reduced risks stemming from prenatal underweight.

Other respondents mentioned counseling services to help clients apply for WIC assistance, arrange for delivery, and cope with other practical problems.

**Bilingual staff.** As part of meeting its goal "to provide quality prenatal care with an emphasis on prevention and the development of an innovative culturally sensitive approach in the Asian Community," Asian Health Services, mentioned above, has a bilingual staff. "We have services in four languages — Chinese, Korean, Vietnamese, and English. Most of our patients are non-English speaking." This clinic has also produced 20 educational pamphlets on prenatal care translated into Chinese, Korean, and Vietnamese.

**LESSON PLAN-FIRST WEEK**

**Here is the lesson plan for the first week of prenatal classes at the Perinatal Clinic of Midland, Texas:**

**Week 1 - What Should I Expect Now That I'm Pregnant?**

- **Pamphlet: "So You're Going to Have a Baby"**
- **Meal Planning: Use Flannel Board (a program audiovisual aid)**

  **Example: Divide into groups. Pass out cardboard food and have a contest to see which group plans a meal first with all necessary parts. Give a prize to each member of winning group. Must go over necessary parts of good diet first and have a chart where they can see it.**
- **Handout: "Be a Super Snacker"**
- **Lamaze Breathing Introduction — Neuromuscular Control**
- **Film: "Inside My Mom" (produced by the March of Dimes)**
- **Snacks**

## OUTREACH

How can prenatal classes and clinics attract low-income clients? Sliding fee scales and free services are standard for most prenatal programs responding to the survey, but they are only a beginning. "A program needs marketing prior to startup," wrote the Prenatal, Postpartum Care program in Stanton, Michigan, summing up the advice of many other respondents. Low cost is essential, they said, but there are psychosocial and logistical barriers for low-income women that must be overcome through promotion and outreach.

**Making services accessible.** Two programs reported efforts to make clinic services more accessible.

- *A mobile clinic that travels to low-income neighborhoods was described by the Richmond City Health Department in Richmond, Virginia. "The service provides free pregnancy testing, 'walk-in' atmosphere, initial interviews, nursing assessment, and referral to services at permanent sites. It offers a means of providing many aspects of prenatal care even when there is a backlog of clinic appointments, or the patient has personal difficulty using a permanent site (anxiety, transportation). A major advantage of the mobile intake service is the ability to change location based on our 'mapping' of needs....The most challenging task has been promoting enthusiasm of nursing and clerical staff about working in the mobile clinics....Advice to others beginning such a program would be inclusion of all the staff who would be located in such a mobile trailer in the planning as well as evaluation proccesses."*
- *Satellite clinics in target neighborhoods have been set up by the Prenatal Care and Nutrition Program in Syracuse, New York.*

**Promotion of clinics.** Several programs advertise their services in ways designed specifically for their target audience:

- *The EOC Family Planning Prenatal Clinic in El Centro, California, wrote: "One way which has worked in reaching many people who otherwise do not normally hear of services is through local fairs. We have developed educational displays and have had booths at a 10-day County Midwinter Fair, Red Cross Health Fairs, Children's Fairs, and local community fairs. After each fair, we see a substantial increase in initial patients."*

  *Wallet cards are another means this program uses to promote its services. "We also received funding from the March of Dimes to develop pamphlets and cards for teens. These were distributed at six health fairs held at the local high schools. We invited representatives from each*

*of the agencies listed to be at the fairs and present information. These were a success and 5,000 pamphlets and cards (to keep in wallet) were distributed. Each agency involved reported a large increase in teens calling their agencies within the first month following each fair."*

**One-to-one support.** Several variations of this strategy were described.

> • *The Pregnancy Outreach Program of the March of Dimes trains volunteers to provide emotional support for "at-risk" pregnant patients on a one-to-one basis. "Volunteers are committed to the patient for a 9-month period commencing about the third month of pregnancy, lasting through 3 months after delivery....The main objectives are to provide emotional support and help patients find necessary community resources."*
>
> • *The Healthy Baby Boston Cooperative Program to Prevent Prematurity, in Massachusetts, uses community health nurses and neighborhood health advocates to visit women with high-risk pregnancies "for teaching, advocacy, or a helping hand with obtaining social resources as needed." This program involves a number of community health centers and hospitals in Boston. At each prenatal care site, women with a greater possibility for a low birthweight infant or premature birth are identified by the use of a screening and referral form. It is anticipated that about 35 percent of women seeking care will be referred to the community health team....The community health staff works in close collaboration with the prenatal care site....They will also reach out and help women not yet registered for care or having problems obtaining services."*

**Following up broken appointments.** Keeping patients in the health care system is a major concern of prenatal programs; there are many strategies for doing so — reminder cards, letters, phone calls, and home visits. One approach is described below:

> • *The Maternity-Infant Care, Family Planning Project in New York City has clerical staff send a routine form letter if one appointment is missed and a second "delinquent" letter if the next appointment (given in the first letter) is missed. A nurse receives the patient's record if telephone follow-up is indicated or if a health problem exists. If the patient misses the third appointment, a nurse determines further follow-up which may include:*
>
> *- telephone call to patient or "appropriate other";*
>
> *- letter to patient or "appropriate other";*
>
> *- consultation with medical and other MIC-FP providers;*
>
> *- contact with backup hospital or other health care/ public service facility;*
>
> *- utilization of the New York City Health Department Outreach Workers;*
>
> *- home visit, if feasible and prudent;*
>
> *- termination of the patient's record when all reasonable attempts at contact have failed.*

## EDUCATIONAL PROGRAMS

The majority of prenatal programs responding to the survey provide instruction of some type. Educational settings include classes in prepared childbirth, classes on general prenatal health, individual counseling, group lectures, demonstrations, and discussions. The program staff attempt to encourage good health habits, reduce anxiety, and prepare women for the experience of pregnancy and childbirth. Anecdotal evaluations from respondents suggest that this translates into fewer low-birthweight babies; they also reported that one-to-one counseling is most effective. Some, like the Parents Classes Program at the Columbia Hospital for Women in Washington, D.C., offer a variety of classes including a Ceasarean birth preparation course and a 1-hour class for siblings. Smaller programs often reported a series of six or seven weekly classes covering pregnancy, delivery, and parenting.

Other classes have been established independently of clinics or hospitals. In Tampa, Florida, for instance, five community organizations formed a coalition to start a program called Prenatal Education for Low-Income Women. The school system, a hospital, the county health department, the local chapter of the March of Dimes, and the Coalition of Florida Childbirth Educators combined efforts, each having access to different resources and areas of expertise. They wrote a successful proposal to obtain State funds, donated materials and staff, and now provide ongoing coordination for evening classes at local high schools.

Some programs that charge a fee for classes offer full or partial "scholarships" for those unable to pay. Northern Michigan Health Services, in Houghton Lake, Michigan, reported that, through this system, "our class numbers are greatly increasing. Physicians in area hospitals are very pleased."

**Educational materials.** Prenatal education programs use a variety of printed materials and audiovisual aids. Many sources were mentioned including companies such as Johnson and Johnson, Gerber, Ross Laboratories, Mead Johnson, Prudential Insurance, and Metropolitan Life; voluntary associations such as the American Red Cross and the March of

Dimes; and trade and nonprofit associations such as the Maternity Center Association, Health Education Associates, the National Dairy Council, and the Soap and Detergent Association.

Some programs have developed materials. The Colorado Low Birth Weight Prevention Project in Denver, for instance, has prepared "Having a Healthy Baby," a basic pamphlet with inserts on nutrition, smoking, alcohol, and stress. Art and layout work was prepared by a local hospital's art department, and Mead Johnson underwrote printing costs. The Guernsey County Health Department in Cambridge, Ohio, has developed a glossary on pregnancy, as well as materials on labor and delivery. Handouts in English and Spanish on exercise and infant feeding have been prepared by Preparation for Childbirth at the Claretian Medical Center in Chicago.

A slide tape, designed to help pregnant women recognize the six warning signs of preterm labor, has been produced by Preterm Birth Prevention in Raleigh, North Carolina. A follow-up quiz and a wallet card listing the warning signs reinforce the slide-tape message.

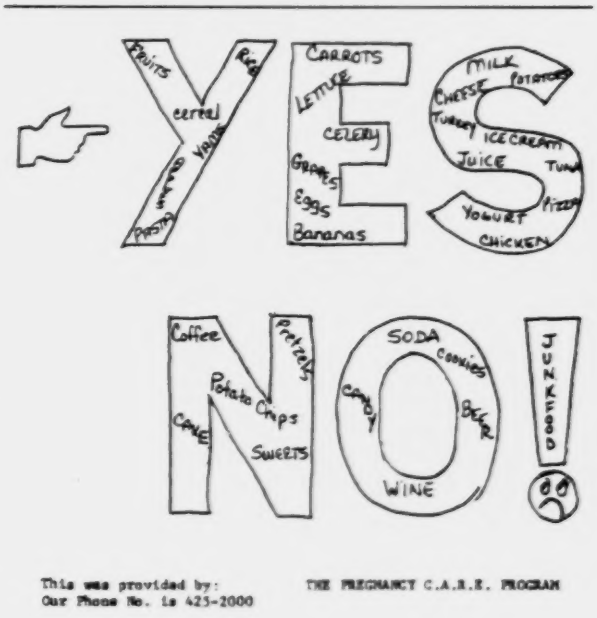
**Encouraging attendance.** Simply making classes and educational materials available, said some survey respondents, is not enough because these women have psychosocial and other needs that take priority over education. "The chief problem involved with this program is getting the clients to attend the classes," wrote the Prenatal Clinic in Colorado Springs, Colorado. This problem was echoed by a nurse responding from the Patient Education Program in a clinic in Redwood City, California:

> • *It's an uphill battle as the women who need help most are apathetic — they don't see the need....Don't be discouraged! Keep going! Personal contact works best. I go around the waiting room introducing myself and giving out free materials.*

Survey respondents described other ideas for increasing class attendance and making the classes more effective:

**Convenient times.** Some clinics offer classes in conjunction with clinic appointments. The Colorado program just mentioned rotates the day of the week each class is offered. In this way, a client who has appointments on Mondays only, for example, will eventually have all classes in the series. The Maternity Group in Charlottesville, Virginia, found that morning classes worked best because they did not interfere with children coming home from school, naps, or favorite television programs.

**Convenient places.** Making classes available outside clinics is a method employed by several programs. Healthy Babies in Jasper, Indiana, holds classes in




Upstate Medicine Center

schools (in home economics courses) and in public libraries. Local churches donated space to the Maternity Group in Charlottesville, Virginia.

**Waiting room conferences.** The Patient Education Program of Maternity, Infant Care-Family Planning Projects, in New York City, provides six counseling sessions in clinic waiting rooms, covering 1) physiological and emotional changes of pregnancy, 2) nutrition, 3) fetal development, 4) labor and delivery, 5) infant care, and 6) family planning.

**Food tasting/demonstration sessions.** Reported by the Patient Education Program of the same New York program, these sessions combine the fun of cooking with nutrition education.

> • *The purpose of the food tasting/demonstration session is to intervene in specific problems noted by the nutritionist and to encourage patients to prepare nutritious, low-cost, delicious meals in accordance with cultural patterns," Each session is preceded by a nutrition discussion, and the recipe prepared demonstrates the principles discussed.*

**Strong referral systems.** Both clinics and classes repeatedly mentioned referrals from other agencies serving low-income women as a good way to recruit patients. The Hawaii Lamaze Association in Honolulu, for instance, mentioned the WIC and EFNEP programs, Welcome Baby, public health clinics, and well baby clinics as sources of referrals.

**Follow-up.** Educational, as well as clinical, programs reported calling or writing women who missed classes.

> • *The Comprehensive Maternity Service Project in Pittsburgh, Pennsylvania, wrote that "all women enrolled are referred for nutritional services and prenatal classes. We follow each enrollee to make certain she receives both. Each enrollee must keep the appointment or she is contacted."*
>
> • *Childbirth Preparation Classes in Palm Beach, Florida, maintains a "swap shop." Participants who complete all six classes are eligible to borrow equipment and clothing from the shop.*
>
> • *Family Planning and Maternal Health Services in Clinton, Iowa, offers free gifts, donated by a church, to those attending a full series of classes.*

**Individual counseling.** Classes are supplemented in some programs by individual counseling.

> • *The Pregnancy Plan program in Mobile, Alabama, uses a formal discussion guide to plan the counseling appropriate to each prenatal visit. At the first visit, for instance, the physician discusses diet, smoking, alcohol, drugs, and financial concerns; at the second, family support is covered; at the third, physical activity is discussed, and so on. This system can be tailored to any educational level and has the advantage of being "especially usable in a group practice or clinic because multiple physicians can see the patient without loss of continuity."*

**Class discussion guide.** A more elaborate guide for group discussion was also described.

> • *The Division of Maternal Health in South Carolina has devised "From Here to Maternity," a series of cards. Each is headed by a typical patient concern, such as "How many drinks are too many? Is one kind of alcohol safer than another?" Each card outlines the content of the discussion — in this case, the reasons alcohol is not safe during pregnancy — suggests learning activities, and describes ways to evaluate the patient's comprehension. The 80 cards are designed for quick referral so that the instructor can respond to patient interests as they are expressed. An evaluation of the project following the pilot test revealed that "12 out of 14 (districts) replied that prenatal clinic education had changed in some way since the introduction of the package. The most common changes reported were increases in the number of classes and addition of topics to the curriculum. There was an increase in group classes, one-to-one counseling, and the use of printed materials."*

**Prenatal mailings.** Two programs reported regular mailings geared to the concerns and problems of each month of pregnancy. The ASSIST (Antepartum Support Services) program in Holland, Michigan, sends out monthly brochures to prenatal clients; and the Prenatal Letter Program in Jefferson City, Missouri, mails monthly letters, along with educational materials. Although not specifically aimed at low-income women, these mailings, according to the Missouri program respondent, have been "widely accepted by low-income women and by middle- and upper-income women as well."

**Transportation, babysitting, and refreshments.** These are all enticements, and in some cases necessities, for class attendance. How they can be arranged was described by the Maternity Group in Charlottesville, Virginia:

> • *Refreshments are a necessary "bonus" which help create a relaxed atmosphere. Although some supply money was available from our grant, local stores were willing to donate $10-$25 in supplies....Some group members also brought snacks and WIC staff volunteered to provide some snacks from their cookbook. With a little innovation, refreshments do not have to be expensive.*
>
> • *Additional support services necessary for a successful group are transportation and babysitting. Because most Health Department patients have few personal resources, these services are essential. Meeting at a church and having access to the nursery allows for comfortable child care. Babysitters were obtained from University of Virginia education classes and the Voluntary Action Center....*
>
> • *Although a few members provided their own transportation, this proved to be an essential support service for all members, even those living in the city. Fortunately, the Health Department driver was available. The nurse co-leader drove a second van and the social worker drove her car. Riding together helps members get to know each other and also gives group leaders a chance to hear feedback about each meeting.*

**Free gifts.** As incentives to attend classes, several programs offer free gifts:

> • *The Larimer County Health Department in Fort Collins, Colorado, wrote: "Rather than serving meals at the meeting, the monies allotted have been utilized to purchase baby care items that are used as incentives....Various*

*companies have been contacted and asked if they would donate products....At each meeting the women receive a small infant care item such as a bib, a rattle, or an* American Baby *magazine subscription. If the women attend five or more of the six sessions, they receive a layette....Each time a woman attends the group, she has an opportunity to fill out a raffle ticket....The prize is a new car seat."*

## PUBLIC INFORMATION CAMPAIGNS

A small group of survey respondents described information and education campaigns to encourage women to seek early prenatal care and to maintain healthy habits during pregnancy. POWERLINE, in Atlanta, Georgia, has established a statewide toll-free hotline to help women obtain prenatal care and delivery. Two other statewide programs, "Thanks, Mom,"

## MARKETING PRENATAL CARE

**Many survey respondents noted that word-of-mouth was one of their best promotional tools. How word-of-mouth can be turned into an active marketing campaign is described below by the East Bay Perinatal Council in Berkeley, California.**

**The marketing of a product or service is used to make it stand out, either as an alternative to other products or services, or as a solution to a need the potential user did not know was available. We are marketing prenatal care services in both manners. For low-income women — at risk for having babies who die or are very sick — competing survival needs, high stress, lack of knowledge, or fear make healthful behavior and effective use of health care low priorities. We are actively competing for their attention through the use of promotional campaigns, door-to-door education, mass media, and community organizing....**

**To build a strong and effective project we are using the following basic tools of marketing:**

**• Focus group testing of materials;**

**• Creating a campaign for distributing the promotional materials which emphasizes personal contact....**

**The actual design and form of the final materials will depend on the focus group results. We are testing the effectiveness of a wallet-size card which can be passed easily from person to person, as well as other kinds of "pass along" items such as pens, pencils, key rings, etc. Our process for developing these materials allows us to determine which items appeal most to the people we are trying to reach. The key will be to develop promotional items which will inspire people to talk to others about prenatal care.**

**In addition to the design and production of the promotional items, effective distribution will be crucial. Again, market research studies provide two key guidelines for distribution:**

**• Mass distribution materials can raise awareness, but they need to be reinforced by personal contact in order to lead to action.**

**• Family and friendship networks are strong and very credible sources of health information, especially for low-income women and teens, the groups most likely to enter prenatal care late.**

**One clear target group for the promotional materials will be current enrollees in prenatal programs — they are the best advertisement to their peers about the importance of prenatal care and can speak most directly about the experience of obtaining care....**

**We will distribute the promotional items through existing community networks with which we are affiliated, and through our door-to-door effort, the Oakland Infant Health Project. Through a contract from the State Department of Health Services, we help staff community prevention councils in East and West Contra Costa County, which will provide access to health professionals and to concerned lay people to promote and distribute the materials. The Oakland Infant Health Project (OIHP) is perhaps our broadest single source of personal contact for the distribution of the materials. OIHP uses outreach workers who are themselves from low income communities to go door-to-door in East and West Oakland to talk to residents about the problem of infant mortality and the need for prenatal care. A Tell-A-Friend card with the name of a particular clinic and practitioner to contact will personalize and enhance this process immeasurably.**

**There is no single, simple solution to the problem of bringing women into care earlier in their pregnancies because of the many reasons women have for not getting into care. Each effort that is coordinated with the others, and complements them, will have its focus on a different group of women. We do know that for the sake of the babies, the children of the next generation, we must make every effort to ensure their survival and get them off to a fair start in life. The Tell-A-Friend campaign has been judged as one small way to do just that.**

in Ohio, and the Healthy Children Initiative, in Tennessee, also use a toll-free number as a contact point for their educational campaigns.

Some local public information campaigns are the products of coalitions:

> • *Healthy Baby Week in Williamsport, Pennsylvania, for example, was a cooperative effort of 13 agencies and hospitals. Each provided a segment, worked on a committee, and provided material. A shopping mall hosted the 3-day event and provided advertising. A Healthy Mothers' Fashion Show, using pregnant models, was interspersed with 5-minute presentations by six agencies. The Junior League held a Baby Marathon, the March of Dimes, a Father's Scavenger Hunt, and the local Lung Association, the World's Biggest Baby Shower.*
>
> • *The Pontiac Infant Health Promotion Program, Pontiac, Michigan, involves several committees whose work is coordinated by the Oakland County Health Division. The committees, representing various agencies and groups in the city, have developed brochures and posters as well as a card listing the five major signs of premature labor. This program has also promoted maternal health through community groups, radio and television programs and newspapers, and conducted training programs for professionals.*

Two others described extensive public information campaigns aimed at low-income women.

> • *CHOICE — Concern for Health Options: Information, Care, and Education — in Philadelphia operates a hotline to refer women to available services. This program follows up on a certain percentage of the callers, focusing on teens and uninsured women. In addition to the hotline and a variety of promotional materials, CHOICE has developed special training sessions for secondary school personnel and special educational materials for teens. It also has fostered a teen theater group, the Connection, which performs in city schools. The content of the performances includes the importance of prenatal care, tips on keeping healthy, nutrition, substance abuse, and issues surrounding finishing school after a baby is born. Celebrity spokespersons help promote this campaign, a strategy which the program finds effective. Of the various promotional efforts, this survey respondent found that television news coverage and PSAs with celebrities generated the most calls to the hotline, followed by bus and subway cards. Word-of-mouth also accounted for a large proportion of calls.*
>
> • *Mother Care Is Baby Care, a program sponsored by the Texas Department of Health, has developed and distributed PSAs, flyers, a slide-tape program, and other materials promoting early and ongoing prenatal care. It held a workshop for public health personnel from around the State and encouraged them to localize the materials. The campaign materials, reported this survey respondent, "were geared for low-income Texans in the following ways: 1) use of radio PSAs, 2) representation of Anglo, Hispanic, and Black populations in TV PSAs and the slide-tape program, 3) use of approximately 6th-grade reading level in the brochures, 4) use of English and Spanish in the posters, flyers, brochures, and slide-tape program, and 5) campaign promotion handled primarily at the local level, allowing public health staff to target their efforts appropriately in their communities.*

## NEEDS FOR EDUCATIONAL MATERIALS

Most frequently mentioned was a need for free materials with a clear message. Materials and programs work best, said one respondent, when they are simple and repetitive. Materials for specific audiences — Hispanics, Southeast Asians, adolescents, single mothers — were also frequently identified as needs. Drug abuse and high-risk pregnancies (better risk assessment guides) were the most frequently requested topics, and audiovisuals (films and filmstrips), the preferred format for many respondents. Two genetic counseling programs mentioned needs for materials: audiovisuals for middle and high school students, and more specific information on birth defects for the layman. Other materials requested:

- Infant CPR brochure and choking protocol;
- Information on stress management;
- Material on the psychosocial aspects and benefits of pregnancy;
- Smoking cessation materials aimed at low SES (taking into account the constraints and stress of poverty that affect smoking behavior);
- Good promotional materials to encourage class attendance;
- Parenting information aimed at a low SES audience;
- Table-top flip charts for patient counseling;
- Information for businesses that do not allow time off for prenatal care, pointing out the hidden costs of such a policy;
- An *affordable* general guide to pregnancy and birth that does not have excessive advertising.

## ELEMENTS OF SUCCESS

Respondents repeatedly testified to the importance of coordination with related services in the community. CHOICE in Philadelphia advised:

> • *Link the outreach/public awareness effort to a service (especially a well-known one) that can provide counseling and referrals to prenatal care.*

The need to cooperate also was expressed emphatically by the East Bay Perinatal Council in Berkeley, California:

> • *Networking, coordination of services, resources, meetings, a multiplicity of groups involved all work towards the common cause of lowering infant mortality and the incidence of low-birthweight babies.*

The importance of a dedicated staff and flexible, caring attitude was also emphasized by many programs. As the Trident Health District in Charleston, South Carolina wrote:

> • *We believe the instructor should be warm and caring and show an interest in the clients so they will want to come back....We believe our program is successful because we include the clients in the discussion and are flexible in meeting their needs. For instance, if a woman is near her delivery date, we try and make arrangements for her to see the labor and delivery film if she is interested.*

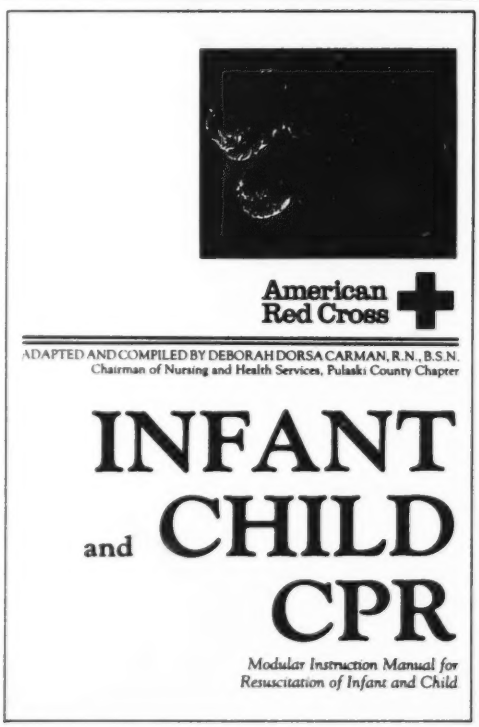
Making services easily accessible is crucial to their success, said many respondents. One way of doing so is to provide transportation; another is to take the service to the client — clinics in schools, for instance, or classes in clinic waiting rooms. "Decrease the number of places within the system patients have to go," advised the Oklahoma City County Health Department Prenatal Clinic in Oklahoma City.

## ADVICE AND OBSERVATIONS

Other useful observations were shared by respondents:

> • *Give free pregnancy tests and use the test verification to get WIC and Medicaid Services for the client. (Catholic Social Services, Port Huron, Michigan)*
>
> • *Use incentives, such as free baby clothes or supplies, to reward regular class attendance. (Maternity Center East, Baltimore, Maryland)*
>
> • *Devise a protocol for discerning a woman's financial needs; not all clients will reveal their need for help in this area. (Roanoke Childbirth Education, Roanoke, Virginia)*

A minute ago, your baby stopped breathing.
Would you know what to do?
How to get him breathing again?
Red Cross will teach you what you need to know about lifesaving. Call us.
We'll help. Will you?
American Red Cross


American Red Cross
ADAPTED AND COMPILED BY DEBORAH DORSA CARMAN, R.N., B.S.N.
Chairman of Nursing and Health Services, Pulaski County Chapter
INFANT and CHILD CPR
Modular Instruction Manual for Resuscitation of Infant and Child

Pulaski County Chapter of the American Red Cross

• *Public and professional education should take place at the same time. Each group must know what the other is expecting. (Maryland Department of Health and Mental Hygiene, Baltimore)*

• *Refine the use of market research groups for sampling patient responses to perinatal services and health education materials. (East Bay Perinatal Council, Berkeley, California)*

• *Elements of success are: 1) development of a strong outreach component, 2) establishing a networking base targeted toward already existing programs, 3) broadening the scope of staff to include low-income women, 4) giving priority to motivation efforts and public relations. (For Your Baby's Sake, Washington, DC)*

• *The program worked because it was the first in the area at a time of high unemployment, it marketed its services through the mass media, and it had an interdisciplinary planning committee, and strong administrative backing. (Special Delivery Program, Flint, Michigan)*

• *This program worked due to visibility. If people are aware of materials, they will tend to use them. Contact as many different groups as possible. (Healthy Mothers, Healthy Babies Month, Louisville, Kentucky)*

• *Community posters, radio, and TV would be best for announcing classes....A pre-test and post-test help to formalize the instruction. Utilize a wide variety of educational media—films, demonstrations, props. Limit the number of handouts. (Thunder Bay Community Health Center, Hillman, Michigan)*

• *It is our belief that educational and awareness programs, to be effective, must be delivered within the context of a larger health care delivery program. Education and awareness, without services, will have limited success in improving pregnancy outcomes. In dealing with a low-SES population, the stability and continuity of programs is likewise essential for effective utilization by the target population. Continuity of care throughout the puerperal period, including written linkages with medical institutions capable of providing antenatal hospitalization, labor and delivery care for high-risk populations and return referrals for postpartum and infant care, is vital in ensuring improved pregnancy outcomes. (Patient Education Program, Maternal, Infant Care-Family Planning Projects, New York, New York)*

□□□

# 5
# Postnatal Programs

Teen parents, single parents, parents with low self-esteem, and parents with little experience in managing their own lives; these are the target audiences cited most often by survey respondents describing their postnatal programs for low-income women. Health care and human services — including mental health services — often overlap in these programs, which are just as likely to be based in community buildings as in health care facilities. Funding for these programs was often reported to come from community organizations and social service agencies, as well as from State and local governments.

Various kinds of programs fit into this category. Some focus on the physical needs of newborns and others teach life management skills for the mothers themselves. But the majority of the 182 survey responses were from parenting programs that combine these concerns: teaching infant care, offering family support, and fostering individual growth for both infant and parents.

Evident in this group of survey responses was, as one Coalition reviewer remarked, a focus on parents as people. "A woman cannot be a good parent if she has many unmet personal needs," commented the Single Parents Service in Baltimore, Maryland. Goals often include helping parents acquire better coping skills, increasing self-esteem, and providing a support system. Frequently mentioned as goals were enhancing the quality of interaction between parent and infant and preventing child neglect and abuse. Some representative goal statements follow:

> • *The agency has a working agreement...to offer services that attempt to increase bonding, or attachment, between new parents and their babies, to enhance the quality of marital and parental life at the time of the baby's birth, to increase parenting skills, and to provide an accessible support system. (Parent-Infant Growth Program, Pontiac, Michigan)*
>
> • *Some goals of the health promotion program are to reduce childhood injuries, increase self-care skills, and prevent child abuse and neglect by improving coping strategies. (Health Promotion Project, Albuquerque, New Mexico)*

## SERVICES AND STRATEGIES

Separating parenting programs from those that focus on the physical needs of infants is not easy since the two concerns often go together. However, some survey respondents, especially those based in health care facilities, are concerned primarily with infant care.

**Immunizations.** This is one area of emphasis mentioned by respondents.

> • *Operation Baby Track, an American Red Cross program in New York City, focuses on immunization. Trained volunteers visit new mothers in city hospitals, giving them a list of clinics, a recommended immunization schedule, a receiving blanket, and a toddler's T-shirt printed with the immunization schedule. Telephone calls and postcard reminders are used as follow-up. This survey respondent uses Hispanic and Cambodian volunteers and reminder cards in Spanish and Khmer to help make this program work.*
>
> • *The Immunization Education Program in Portland, Oregon, is another Red Cross program. "In five area hospitals, Red Cross volunteers and/or trained hospital staff meet with new mothers before their discharge to discuss the recommended immunizations....Special community outreach has been targeted to groups working with low-income, minority, teen, and non-native English-speaking mothers. Presentations have been made within this target area and copies of the immunization materials have been made available."*

**Follow-up.** Other programs concentrate on keeping in touch with new mothers after hospital discharge.

> • *The Post-Partum Phone Call Follow-Up Program in Florisant, Missouri, has a special information card attached to each maternity*

*patient's chart. Nurses call the mother within 2 weeks of discharge and ask about healing of incisions, nutrition, rest, lochia, and breasts and breastfeeding. The nurse also inquires about the infant, answers any questions, and, if there is a serious problem, urges the mother to make an appointment. Repeat calls are made in these cases. This program reported less initial success with low-income mothers, who often gave incorrect phone numbers, apparently out of distrust. Explaining the purpose of the program helped decrease the number of incorrect phone numbers supplied on the cards.*

- *Operation Baby Tracking has staff members visit all mothers delivering in Los Angeles County Hospitals, asking them to make an appointment, if they wish, for the baby's first checkup. About 85 percent keep the appointment; others are called to see if they would like to reschedule.*

- *The High-Risk Infant Follow-up Program in St. Louis, Missouri, seeks to identify all infants at risk in nine area hospitals, using both medical and socioeconomic criteria. A public health nurse or pediatric nurse practitioner visits these families and refers them to health care and social services when appropriate.*

**Support groups.** Regular support group meetings supplement many programs, and are the primary element in the YWCA Parenting Program in Muscatine, Iowa. This program offers weekly group meetings to provide young and teen mothers with "self support and information in a long-term, support group setting." Membership in the YWCA is offered as an incentive to attract the poor, often isolated mothers in the community. An indicator of this program's success is that early participants have become facilitators of newly formed groups.

## STAFFING

**Staff attitudes.** Staff attitudes, mentioned frequently by all survey respondents, were also identified as crucial to the success of postnatal programs. Repeatedly, a nonjudgmental attitude on the part of staff was cited as a goal of volunteer training and a major element in program success. Typical is the comment of the Parent-to-Parent program in Vermont:

- *We have found the preservice training has assisted volunteers to become nonjudgmental and nonthreatening to low-income parents. By sharing with parents rather than "directing," the program has been accepted by low-income parents in the community.*

**Use and training of volunteers.** Coaches, partners, parent-aides, or simply volunteers are terms used for people from the community who function as peer counselors. Use of volunteers was frequently mentioned by survey respondents, and their training and supervision is an important aspect of many postnatal programs. For example:

- *The Parent-Infant Growth Program, part of Oakland Family Services in Pontiac, Michigan, has "perinatal coaches" who visit families at home, starting in the seventh month of pregnancy and continuing through the first year of the baby's life. Several visits are made in the hospital after delivery to facilitate bonding between parent and baby. The frequency of home visits is determined by the family. While the coaches give information about maternal and infant care and community resources, they also emphasize communication between parent and newborn and make a special effort to include the father. Training for the coaches is continuous and includes twice-a-month staff seminars and special consultation with experts. This program has won the Family Service Association's award for the best volunteer program in the U.S. "It is working," wrote this respondent, "because of many volunteers carefully trained and supervised by perinatal staff. The volunteer staff works in every area of the program. They are a strong motivational force for the paid staff."*

- *Perinatal coaches are also a feature of the PAIR Perinatal Program in Alma, Michigan. Using procedures similar to the program described above, PAIR reported serving 125 families in a little over a year and training 30 volunteer coaches. The Michigan group had this advice for others: "It is extremely important to provide a firm training base for volunteer coaches and maintain this support with continuing education and inservice training. Coaches need established support systems with direct guidance and supervision for specific case reviews."*

- *Parent-to-Parent in Newport, Vermont, is a home visiting program for adolescent parents that uses volunteers selected from among the more experienced parents in the community, many of whom were teen mothers themselves. Modeled after the Parent-to-Parent program developed at the High/Scope Foundation in Michigan, the program provides the volunteers with 40 hours of preservice training and regular inservice training sessions. State funds help the Northeast Kingdom Mental Health Service, which runs the program, pay for a supervisor whose guidance was found to be*

*crucial especially during the early visits. The volunteers confer with the supervisor during individual planning and debriefing sessions as well as at monthly inservice meetings. Both formal and informal evaluations of this program have been positive. Formally, an "Outcome Checklist Summary" is used to collect data on indicators such as use of family planning services and child immunizations being kept up to date. A majority of the parents demonstrated a significantly improved ability to interact with their infants. The personal development of the parents themselves is also considered a mark of success; many have returned to work or school.*

*• The PACE Program at the Allentown Community Center in Buffalo, New York, provides volunteer parent-aide home visiting services to families experiencing or at risk for child abuse/neglect. PACE recruits volunteers from the community to become parent-aides. After training, parent-aides are placed to work for 1 year on a one-on-one basis with a family experiencing current stress. Parent-aides make approximately two home visits a week and offer telephone availability to the assigned family. In addition to friendship, emotional support, and availability, they provide parenting education and help in budgeting, home management, meal planning, job training, and education. Since troubled families are often socially isolated, it is also the role of the parent-aide to link families to community resources. No special educational background is required of parent-aides. Rather, PACE seeks warm, dependable, nonjudgmental men and women who have either knowledge of child development or experience in parenting. Most helpful are parent-aides who can empathize with the demands of parenting and who care not only about the children, but also about the parents. While working with a family, parent-aides receive ongoing training and support, and a monthly stipend. Volunteer parent-aides create a caring and warm atmosphere by sharing their knowledge and experiences. The families they work with learn to trust and respond to the healing effects of friendship. Evidence of success includes a 75 percent decrease in abusive incidences. Some parents have entered educational/vocational training programs; some have developed and maintained appropriate friendships. An increased use of community resources for self and children has also been noted.*

*"A volunteer parent-aide program requires broad community support from professionals and community people in the public and private sector," PACE managers note. Program managers must be vocal and clear in their assertions that parent-aides are adjunctive service providers, ideally one part of a team which includes the professional counselor and program staff. Parent-aides and staff need to have realistic expectations of selves and clients. If volunteer parent-aides are recruited, trained, and accepted into the program with as much care as paid parent-aides, one will develop a competent staff. Also, program managers need to realize that supervision and motivation of volunteers differs from that of paid staff."*

### PERINATAL COACHES

**Perinatal coaches are trained individuals who are interested and available to be a helpful resource to parents of a first baby. The coach has information to share about relating to and caring for the newborn.**

**A coach tries to be sensitive, willing to listen, compassionate, flexible, dependable, patient, noncritical, and non-judgmental. They have the time to help new parents, the willingness to be interrupted occasionally at odd hours from a parent in distress, and the information about community resources that may be useful.**

**Coaches are specially trained and supervised to....visit parents during the last trimester of the pregnancy, postpartum, and during the baby's first year; provide parents with information and ....demonstrate a newborn's normal responses; introduce important concepts of early childhood development and parenting; stress confidentiality; and to provide a summary of observations and interviews in the form of a (confidential) log for use in supervision. (Parent-Information Program, Pontiac, Michigan)**

### OUTREACH

Home visits by mental health workers and trained volunteers (as described above) are a primary tool many respondents use to reach their clients. Visits often start prior to the baby's birth and continue during the early months as parents adjust to new roles. For example:

*• The Parent and Child Center of Hawaii runs the Hana Like Home Visitor Program, which provides" a combination of child development, health education, counseling, and other supportive services to potentially abusive families." To identify "potentially abusive families," the program used the high-risk screening*

*tool developed by Drs. Harry Kepe, Ray Huffer, and their associates at the Colorado Medical Center. A paraprofessional visits these homes weekly to teach child development and encourage positive interaction between parent and infant. Information on infant care may also be given. "The home visitor," according to the project description, "is a supportive person with whom the parent can build a trusting relationship and share family and personal problems." Families may call them or the program supervisor at any time a crisis occurs. Support group sessions and social activities are part of the Hana Like Program.*

*This program has developed a simple guide to infant development called the* Parent and Baby Playbook, *to help parents enjoy and foster their baby's development.*

The Optimum Growth Project in Delray Beach, Florida, an award-winning demonstration program that has been in existence for almost 10 years, uses similar strategies:

> • *Home visitation by an assigned mental health worker who maintains the relationship with the project family over time is at the heart of the program. By establishing a stable and supportive relationship with each parent, she can be the vehicle through which all service is offered to the family. Families are visited at least every 2 weeks but often more frequently, even daily at times. The mental health worker uses a structured approach, based on a sequential task curriculum....Evaluation, based on comparison with a control group, indicates that it is successful. Only 2.11 percent of the participants' infants scored below 110 on the Bayley Scales of Infant Development, compared to 18.68 percent in the control group. Fewer children in the experimental group were placed in foster care because of abuse or neglect, more mothers in this group returned to school or work, and fewer had recurrent births before 18 months. "It worked," wrote this survey respondent, "because of strong emphasis on outreach, because staff remained sensitive to the multilingual and multicultural factors of the population, and because of support of staff and program from the sponsoring center and the community.*
>
> • *The Healthy Start Program in Fort Riley, Kansas, uses lay persons to make home visits. The Healthy Start Visitor acts as a "facilitator in assisting families to successfully move from having no children to having children in the home. The major emphasis is to educate the family through various means." The Visitor makes at least two visits during a pregnancy and five in the year after delivery. In addition, nurse supervisors visit each family at least twice. In-service training is held for the Visitors twice a month.*

The Pottawatomie County Healthy Start Home Visitor Program in Westmoreland, Kansas, found that it is more effective to visit all mothers — not just those designated low-income — to avoid stigmatizing any family.

## EDUCATIONAL PROGRAMS

**Classes.** Classes teach parenting and infant care and often serve as support groups, too, according to several survey respondents. Recognizing the support value of classes, the Palo Alto, California Chapter of the American Red Cross encourages participants to develop a network of their own outside the class.

A number of hospitals have classes for women who deliver babies at their facilities. However, few said that they were targeted to low-income women, and several acknowledged that they had difficulty reaching these potential clients. The Baby and Me Program in Forks, Washington, wrote that it was "extremely hard to attract those people who really need the program...classes usually consisted of knowledgeable and informed mothers." One remedy this program is trying is to cooperate with WIC and Teenage Pregnancy Programs in the area who have been "supportive and eager to encourage their clients to get involved in the Baby and Me Program." Referrals from clinics, county visiting nurses, and the courts also have brought low-income clients to the Basics of Positive Parenting Classes in Elkhart, Indiana.

In two other cases, special efforts to attract low-income women to parenting classes were described in detail:

> • *The Infant Center in Oklahoma City reported that one of its major goals was to increase the number of low-income and less educated clients in parenting classes. To do this, the Center instituted an intense recruitment effort. "To reach low-income clients, Infant Center volunteers made on-the-floor visits at the University hospital labor and delivery floors. New mothers, teenagers and adult, are briefly told about Infant Center classes, given an Infant Center brochure, and shown one or two fun things about their baby if the baby is present." The volunteers keep a log of who they visit and the interest level shown by the mother. Interested mothers are then telephoned to confirm registration in a class. Other incentives — serving food, offering an opportunity for socialization, taking baby pictures — help keep the adolescent mothers coming to the classes, although transportation sometimes poses a problem.*
>
> *Several methods are being tried to evaluate the classes. The Adult/Adolescent Parenting Inventory, which assesses four factors associated with potential for child abuse and neglect, is one. Another is family drawings, which can help assess changes in self-esteem. In addition to these, weekly "I learned" statements, asking the teen to state something that she learned that*

*evening, "have proven a helpful evaluation technique." The Infant Center, with funding from the State Office of Child Abuse Prevention, has developed a volunteer training manual and a curriculum guide for use in its classes.*

*• The Health Promotion Program at the Albuquerque Family Health Center in New Mexico is reaching low-income clients through a cooperative arrangement with the WIC program there. As this survey respondent explained: "The WIC program offers the money equivalent of a food voucher for supplemental foods and formula and requires that enrollees attend regular (nutritional) classes. The addition of health promotion topics to the typical nutrition format has improved the total nurturing skills of parents. Many parents are reached who would not ordinarily attend classes of this kind." Courses have been designed for well baby care, injury prevention, and toddler stress. A volunteer WIC mother has translated some materials into Spanish. The Program also has developed "Winning Ways to Talk to Young Children," a simple explanation, with examples, of the most effective ways to handle typical daily interactions with toddlers.*

**Life management.** Several survey respondents reported efforts that focus exclusively on "life management" — the needs of the parents to establish goals and direction for their own lives. A good example of such a program's objectives was given by Child and Family Services in Knoxville, Tennessee:

*• Goals are self-sufficiency and support: objectives include development of 1) long-range child care plan, 2) high self-esteem, 3) employment, 4) a personal friend, 5) a corporate mentor, 6) a peer-support group, 7) adequate nutrition, 8) childcare and disciplinary skills.*

Two other survey respondents provided details of their programs' operation.

*• Adults in Transition, in New Kensington, Pennsylvania, is targeted to adults over 18 who head households. A 5-week workshop, including sessions on values clarification, assertiveness, and resume writing, is supplemented by individual counseling and support groups. A minimal charge daycare facility is available. Evaluations by clients, a large majority of whom are below poverty level, have been favorable; 70 percent have either secured employment or enrolled in schools. "We watch our clients come to us," wrote this respondent, "confused, scared or insecure and leave with goals, plans, and confidence which enable them to be happier people and better mothers."*

*• The Parent/Child Center in Middlebury, Vermont, offers, among many programs for low-income women, a Parent Stipend Program. Twenty-six weeks long, the course begins with 2 weeks of orientation to child development and work etiquette, followed by 20 hours per week of course work, support group meetings, and on-the-job training. A 6-month apprenticeship with another agency is the second part of this program. Participants receive a small stipend to cover their expenses.*

**Home study.** Families on the Grow, a Cooperative Extension Service project at the University of Arkansas in Pine Bluff, has created a home study course in parenting for Jefferson County residents. The five-

## PARENT AND CHILD CENTERS

**Parent and Child Centers (PCCs) are comprehensive child development and family support centers established by the National Head Start Program to serve children under age 3 and their families. This is a multipurpose program for low-income families, including pregnant women and their children. All PCCs provide:**

**• Activities for the very young child (0-3 years) designed to stimulate his or her cognitive, emotional, and physical development to maximum potential.**

**• Comprehensive health care for the young child and his/her family and education in family health matters of the parents.**

**• Early intensive attention to nutrition needs and counseling, as well as prevention of nutrition-related deficits caused during pregnancy.**

**• Social services for the entire family.**

**• Assistance to parents in overcoming economic and personal problems in order that they may be freer to function effectively as parents.**

**Among the 36 PCCs in the United States are various models; new and different approaches are encouraged. Centers responding to the survey described free developmental daycare with parent involvement required, free transportation to and from the Center, support groups, and home visits. The PCC in Newark, New Jersey, is cooperating with the Seton Hall School of Nursing; student nurses will conduct the Denver Developmental Screening at the Center and provide a family life program. An evening parent group for fathers is sponsored by the PCC in Dalton, Georgia. (Complete descriptions of two PCC programs, the Hana Like Home Visitor Program and the PACE program are given elsewhere in this Chapter.)**

**"PCCs and Head Start are excellent for stimulating preschool age children in any socioeconomic status," wrote the director of the PCC in Leitchfield, Kentucky. "It could be duplicated anywhere and be successful."**

**SELECTED MATERIALS**

**"The Parent Express: A Month by Month Newsletter for You and Your Baby."** Sent to new parents each month through the first year of the baby's life, this "newsletter" or series of fact sheets tells parents what to expect at each new stage of development. The fact sheets are written on the 4th to 6th grade reading level, according to the Human Relations Program at the University of California Cooperative Extension Service in Berkeley, where they were developed. Regular features include "Games Babies Play" on infant stimulation and tips to cope with parental stress. The abundant illustrations include photographs of Black, Hispanic, and White women and their babies.

**"Hugs 'N' Kids."** This videotape offers parents alternatives to physical punishment. It presents 13 problems commonly encountered in daily interaction with preschool children. After viewing each vignette, parents can join in small groups to discuss the problem presented. They are then shown three or four possible endings for the vignette, some effective and some ineffective. The San Fernando Valley Child Guidance Clinic in Northridge, California, which developed this videotape, has conducted some evaluation of it, indicating "a trend towards a decrease of predictors of abusive parenting, a statistically significant decrease in punitive responses, and a statistically significant increase in cooperative responses." (Editor's Note: The videotape is available for sale and for rent.)

lesson course, advertised extensively in the media and by word-of-mouth, has reached approximately 370 parents each year, 17 percent of whom have been between the ages of 16 and 18. County Extension home economists grade the lessons and present a certificate at the end of the course.

## NEEDS FOR EDUCATIONAL MATERIALS

The most frequently expressed need of survey respondents was simply written (4th to 6th-grade reading level), brief and clear materials on infant and child development, the role of parents, and basic parenting skills. Educational materials geared to specific audiences were the next most frequently mentioned need. Films on parent-child relationships that reflect ethnic minorities in urban settings; materials for parents of children with special needs and for adoptive parents; materials for single parents; injury prevention materials in Spanish; and materials on parenting in Spanish and Asian languages: all these were listed by survey respondents as materials that they would like to see developed. One Parent-Child Center said that there was a need for a parenting curriculum for birth through 3 1/2 years.

Two respondents wrote that they needed materials that could help with the evaluation of programs. Another mentioned a need not for materials, but for continuity. There is too much program fragmentation and duplication of services, said this respondent. "We need to continue doing the same service in the same place for the same group of people with the same agency."

## FAMILIES WITH SPECIAL NEEDS

Children with disabilities, physical, emotional, or mental, have special needs, as do their parents. As one survey respondent pointed out, many families do not survive as a unit when they have to deal with a child who has a disability.

Pilot Parents of Northeastern Minnesota in Duluth, offers one-to-one emotional support for these parents when they are not ready for group interaction. The counseling is provided by volunteers — parents who themselves have children with special needs.

Other special needs programs responding to the survey included the Early Childhood Intervention Program in Austin, Texas, a statewide project that funds 62 local programs; the Aural Rehabilitation Parent Education Series in San Diego which provides parenting classes for mothers and fathers of hearing-impaired infants; and the Infant Stimulation Program in Richmond, Texas, which works with children under age 3 with developmental delays, teaching them and their parents both at home and in special centers. Three other programs were described in some detail:

- *Project ABC (Any Baby Can), in San Antonio, Texas, is a model clearinghouse that links handicapped and high-risk young children and their families to the help they need. Over 100 social service and health care agencies are networked with Project ABC. Project staff provides speech screening, financial assistance, babysitters for handicapped children, parent support groups, life support equipment, and more. Over 600 young children from throughout South Texas have been helped since ABC's creation in 1983, including children who are delayed in development, mentally retarded, physically handicapped, or emotionally disturbed; premature and at risk for problems; or families of children who are ill with serious diseases or disorders.*

- *The Neonatal Parent Education Program is an educational program for parents of infants based in the neonatal intensive care unit at Children's Hospital in San Diego, California. Its objectives are to provide parents with learning opportunities during their infant's hospitalization; introduce positive methods of interaction for improving nurturing and care giving skills; provide information regarding community resources; provide opportunities for parents to interact with other parents undergoing similar experiences; and prepare parents for discharge home with their infants. Parent group meetings are held during evenings in the hospital. A resource library and free babysitting are provided. The group discusses a new*

*topic each week, and offers films, demonstrations, or crafts.*

*• Another approach is the Early Intervention Network (EIN), in Concord, New Hampshire, a "statewide coalition of programs, professionals, and parents interested in improving the quality of services for very young, handicapped, or at-risk children and for families." The network works to enhance communication among professionals, assure appropriate training, share resources, influence public policy, and disseminate current information. A newsletter, statewide directory, lending library, and conferences are among its services.*

## PASSENGER SAFETY PROGRAMS

Maternal and child passenger safety is a health issue. Commented one Coalition member who reviewed survey forms describing child safety seat programs, "It is a law in all 50 States and the District of Columbia and is part of a comprehensive health program." Most passenger safety program staff responding to the survey represented statewide programs operated by State highway safety offices. These are directed to all parents, not just low-income families. The problem they address is concisely stated by the California Highway Traffic Safety Program: Among children 1-14 years of age, traffic accidents are the leading cause of death. The proper use of child safety seats could reduce deaths by 90 percent and injuries by 70 percent. The use of these seats by low-income families is dependent on loaner programs, some of which are described below.

The Alabama Department of Public Health, Child Restraining Program is one example of a statewide program. With the objective of increasing the usage rate to 26 percent by October 1985, promotional efforts have been conducted through various channels, including the media, medical communities, businesses, schools, and community organizations. Loaner programs are conducted through local health departments, and a model comprehensive program for Head Start Centers has been developed. Through these promotional efforts, the use of child restraints increased from 7.9 percent in June 1980 to 22.6 percent in October 1984.

Other survey respondents described various strategies for making their programs more effective.

**Networking.** Coalitions, networking, and cooperation among public and private organizations were mentioned frequently by the statewide programs. In New York, for instance, the Child Restraint Loaner Project for Low-Income Families held extensive education programs "to coordinate with local health, motor vehicle, police, and other groups; while consultations took place to aid development of new sites (for loans) statewide." The KISS (Kids In Safe Seats) program in Ohio conducts an education and seat loaner program primarily through hospitals and has an extensive volunteer network. This survey respondent commented:

*• Implementing such a program takes a full-time coordinator to get it off the ground. Federal funds are available in most States to assist such programs. The continuance of the program does depend on the volunteer organizations and network set up throughout the State. Assisting volunteers and keeping their interest in the program is a key factor in the success of the program.*

**Convenient loan sites.** Reaching low-income parents often means making the loaners and educational materials available at convenient sites, according to several survey respondents. Washington's Traffic Safety Commission, for instance, distributes materials through health departments, WIC sites, and migrant health clinics. The Red Cross's Operation Child Saver Program in Miami loans seats for a nominal fee and at five different sites. Pediatric Group Services at the Medical College of Pennsylvania, most of whose clients receive welfare, offers a rental program and education sessions in its waiting room.

**Evaluation of programs.** Data from several States indicate that these programs are working. In Alabama, use of child restraints increased from 7.9 percent in June 1980 to 22.6 percent in October 1984. In Georgia, rates rose from 17.7 percent before the State law was passed to 29.7 percent after it was passed. In Florida, the Operation Child Saver Program of the Red Cross reports that in 1984, 10 children under age 5 not wearing seatbelts were killed, and 1,796 injured. This figure is compared to only 2 children killed and 727 injured among those who were wearing seatbelts.

**Educational materials.** Ranging from PSAs to bumper stickers, educational materials have been produced by a number of State highway safety programs and national consumer organizations. Guides for community groups developing seat belt promotion programs have been prepared by the KISS program in Ohio and the California Highway Traffic Safety Program. Other audiovisual and print materials are distributed by the National Highway Traffic Safety Administration, American Academy of Pediatrics, National Child Passenger Safety Association, American College of Obstetricians and Gynecologists, and child safety seat manufacturers.

## ORAL HEALTH PROGRAMS

A number of oral health promotion programs for children, nearly all located within State health departments, responded to the survey. Most of these programs distribute educational brochures and toothbrushes. Some operate fluoride supplement programs in schools and clinics. The Well Child Clinic — Preventive Dental Health Program in Maine's Department of Human Services provides fluoride drops and tablets, toothbrushes, and parent dental health education materials to non-Medicaid families visiting Well-Child Clinics throughout the State. (Fluoride supplements are available through Medicaid.) The free fluoride supplements have been provided to approximately 800 children in less than a year of operation.

One of the few nongovernmental dental programs responding to the survey is administered by the College of Dentistry at the University of Iowa. This program provides information and treatment to infants and children, especially "those who are inaccessible to treatment because of developmental disability, age, distance, and financial status." Beginning with education in the prenatal period, dental services are provided for those with known dental disease or who will be at high risk for dental disease; a sliding fee schedule is used, and indigent children are not charged for treatment.

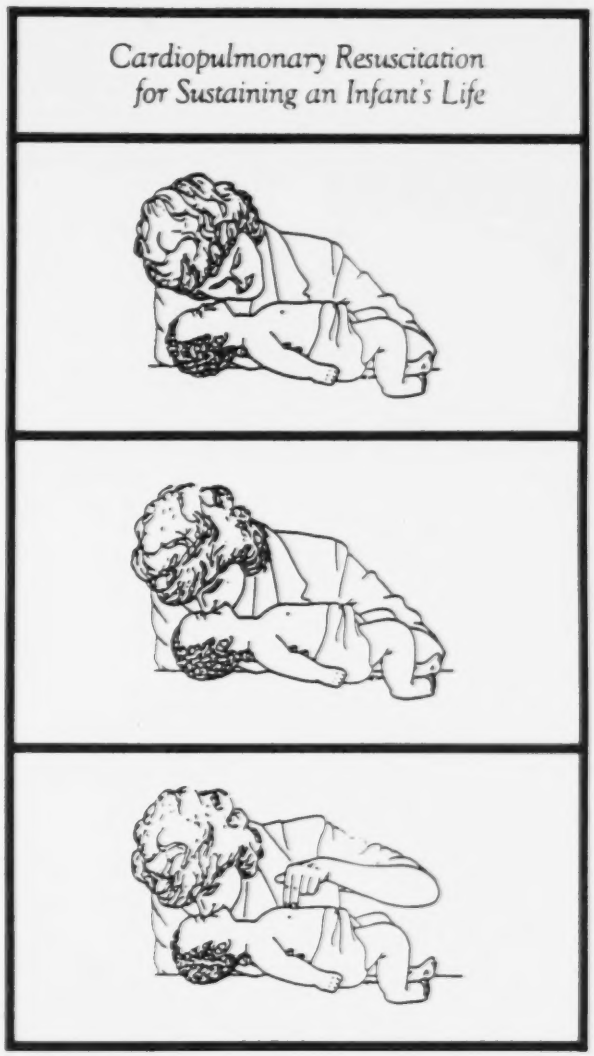
**Dental education materials.** State programs have produced a variety of print materials on dental health. For example:

- A poster on baby bottle tooth decay, by the Well Child Clinic-Preventive Dental Health Program in Maine.
- Brochures in both English and French, by the same program.
- A handout for all maternity patients, by the Tennessee Department of Health and Environment, Dental Division.
- A brochure on fluoride supplements, by the Fluoride Supplement Program in West Virginia.
- An *Oral Health Teaching Guide for the Mother and Child*, developed by the Texas Department of Health in Austin.

## AMERICAN RED CROSS PROGRAMS

The Red Cross has developed several health education programs, including Parenting Your Child from 1 to 6, and Better Eating for Better Health. Local Red Cross chapters responding to the survey are using the national programs, but some have developed materials or techniques adapted to a specific target audience. For instance:

- *The Hispanic Outreach Program of the Oregon Trail Chapter in Portland, Oregon, has translated materials into Spanish and trained bilingual instructors. An Hispanic Community Needs Assessment has provided information from which an action plan will be developed for the next 2 years.*
- *Parenting — Preparation for Parenthood, in Portland, Maine, is adapting its program for those who read at the 4th to 6th grade level and for teenagers.*
- *Parents Helping Parents, in Asheville, North Carolina, teaches parenting courses in schools, maternity homes, and to clients of the Department of Social and Protective Services.*
- *The Pulaski County Chapter in Little Rock, Arkansas, has developed an infant CPR course for high-risk infants, adapted from the traditional Red Cross course. Responding to a need expressed by many area physicians, this chapter worked with a local hospital and the Junior League to develop an infant CPR program. The program has trained volunteers to teach the 2-hour course to parents before they go home from the hospital with their baby. The Chapter has also developed a manual for infant CPR.*




Pulaski County Chapter of the American Red Cross

Other Red Cross programs are described in the Educational Programs section.

## ELEMENTS OF SUCCESS

Whether their chief concern was parenting, infant care, special needs, passenger safety or oral health, these programs repeatedly cited certain elements of success: networking; community support; community involvement in planning; and a well-trained, well-supervised volunteer and professional staff.

## CONSIDER CLIENT NEEDS

**Before they are ready for a traditional parent education program, clients have more immediate needs:**

- **a change of scene;**
- **to be with adults/peers;**
- **to feel warm and cared for;**
- **to feel like an adequate person/parent.**

**Meeting these needs contributes to improved parenting. A mother who feels nurtured will be less angry. Given a chance to exchange ideas and be endorsed by peers, she will increase her coping skills and act with more confidence. If she feels competent, she will have less need to exert destructive power.**

**Be cautious, however, about group programs. Large, structured discussion groups (over four) may be risky business for clients who feel inadequate and inarticulate. Loosely structured "social" occasions will more effectively motivate clients. In an inviting place with people, food, and child care, clients can relax and learn through observation. They are being "readied" for learning.**

**In time, natural clusters will begin to emerge with matched pairs or groups of three that would work well together. More structured programming with short term contracting around various topics of child rearing then become viable.**

**(From the *Parent Educator*, New York Foundling Hospital, New York, New York. Copyright 1984)**

## IDEAS AND OBSERVATIONS

- *Operate a "warmline," making support and counseling available through telephone contacts. (Positive Parent Network, Rapid City, South Dakota; Parent-to-Parent, Newport, Vermont)*
- *Provide transportation to the class. This is very important as well as is an interdisciplinary approach. (Preschool Parenting Program, Cleveland, Ohio)*
- *Child care must be assured for mothers who cannot provide it themselves (and will otherwise bring children to class). Midmorning sessions (10 a.m. - noon) seem to be most effective. Classes should be limited to groups of 8. (Tidelands Dental Health Center, Savannah, Georgia)*
- *To keep teens coming back to classes, take pictures of parents with their babies and mount them on the cover of baby books, which they do not take home until the 6 weeks of classes are finished. (Infant Center, Oklahoma City, Oklahoma)*
- *Serve food of some type at classes; this helps retain class members. "It's a combination of the food and socialization." (Infant Center, Oklahoma City, Oklahoma)*
- *Plan to involve community members in all stages of planning, implementation and evaluation of the program. (Hispanic Outreach, American Red Cross, Portland, Oregon)*
- *Hold Healthy Baby Fairs at low-rent housing projects. Include educational displays and handouts; nurses to answer questions and give demonstrations; a story corner; exercise instruction; a crawl contest; balloons and clowns; a dentist; and police to (ID) fingerprint children for parents. Each month go to a different low-rent housing project. (American Red Cross, Knoxville, Tennessee)*
- *Provide incentives for parents to participate in classes such as baby bibs (with program messages), a baby-sitters guide, a booklet for siblings. (Newborn and Parent Supports, Hastings, Nebraska)*

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# 6
# Comprehensive Programs

Representing community clinics, hospitals, social service agencies, local health departments, and home health agencies, 510 survey respondents provide "comprehensive" care to low-income families. What these programs have in common — from the perspective of this survey — is the commitment to serve low-income women through the prenatal, perinatal, and well into the postnatal periods. Many also offer infant care and health services to women between pregnancies.

Often located within established agencies, these programs reported their funding is obtained through the sponsoring organization's budget, supplemented by Federal, State, and local government support. A sizeable proportion have operated for more than 3 years; almost all have conducted a community needs assessment or a form of evaluation or patient tracking. Their clients are women of all ages from many different ethnic backgrounds.

Respondents from comprehensive programs responding to the survey fit into three groups: those based in health care facilities, those in social service agencies, and those in local health departments. Within health departments, Early and Periodic Screening, Diagnosis, and Treatment programs are a significant subgroup.

## SERVICES AND STRATEGIES

**Health care facilities.** Comprehensive maternal and child health care is provided by freestanding primary care clinics and by ambulatory care units attached to hospitals. Their services usually include the traditional prenatal checkups and laboratory tests, postpartum checkups, and infant care. Some survey respondents described extensive auxiliary services, including dental work, nutrition counseling, social services, and tuberculosis screening and management.

The Sunset Park Family Health Center in Brooklyn, New York, a clinic serving a largely Hispanic population in one of 16 poverty areas of New York City, typifies a comprehensive program.

> • *Prenatal care is a complete and adequate health program prescribed for pregnant women which protects and promotes their total physical health and emotional well-being while providing for the needs of the growing fetus. Toward this end, comprehensive services are offered which employ medical management as well as health promotion/disease prevention, dentistry, public health nursing, nutrition, including WIC, and social services....All prenatal patients seen in the Health Center are assured delivery at Lutheran Medical Center and are referred to the admitting office for bed reservations in the seventh month of pregnancy.*
>
> *Continuity of care does not cease for the Health Center prenatal patient upon admission to the hospital. All Family Health Center newly delivered women are admitted to the postpartum unit for a stay of 2-3 days. During this time, the patient is exposed to a multiplicity of health education experiences and materials....A 2-week postpartum visit appointment is also given to the woman at this time....All newborn infants of Health Center patients are seen by a board-certified neonatologist. Graduates of the nursery are given appointments in the newborn service within 2 weeks.*
>
> *Another feature of this comprehensive program is the clinic's schedule: it is open from 8 a.m. to 9 p.m., Monday through Friday and has Saturday drop-in hours from 10 a.m. to 6 p.m. It also allots a full hour for the first prenatal visit "to allow for personal, quality care in an unhurried atmosphere."*

**Social service agencies.** Social service agencies responding to the survey provide information and support for pregnant women and mothers with infants. Counseling and referrals are often major components of these programs. A good example is Pregnancy Aid of Snohomish County in Everett, Washington, which wrote:

*• We provide services, or assistance in obtaining services from appropriate sources, for the emotional and physical well-being of expectant mothers and their babies. Our services also include information and support in setting life goals. Many of the people we see, particularly teenagers, have low self-esteem, a poor image of themselves, and little understanding about how to plan their lives or set either short or long-term goals for themselves.*

*Free, strictly confidential help concerning pregnancy and related questions is available through Pregnancy Aid at its office and over the telephone on a 24-hour basis...*

*Our support activities include layettes for newborn babies; child care to help mothers; pregnancy testing; loaned baby and maternity clothing; and a variety of educational material on parenting, baby care, and motherhood. We also provide emergency supplies of baby food and formula; emergency housing; prenatal vitamins; public information programs for schools and community groups; plus problem-solving assistance for clients who get caught up in red tape difficulties or similar situations with other community services.*

**Local health departments.** Reducing infant mortality and the incidence of low birthweight are the goals most often stated by city and county health departments responding to the survey. Characteristics of these comprehensive programs include: multiple sites for delivering care; clinic services offered as staggered or block appointments; and close cooperation with other agencies. In addition to basic health care, these programs offer a vast array of ancillary services, from education and nutrition to parenting courses and sessions to increase self-confidence and self-esteem. Examples of ancillary services follow:

*• Birthright Pregnancy Care Center in Hastings, Nebraska, is a social service agency whose goal is "to provide assistance to those women who face an unplanned pregnancy. We work on a one-to-one basis, trying to provide for each client an environment that will produce a healthy full-term child. We encourage early medical care and followup to see that the client is keeping appointments." This agency also addresses problems of abuse, housing, education, clothing, transportation, and legal aid. It uses volunteers. "We feel that the program is successful," wrote the director," because by becoming a friend on a one-to-one basis it is easy to identify a client's real needs, and we are able to address these needs. We know that the clients are better equipped to provide parenting with close support systems."*

*• The San Bernardino County Department of Public Health's Maternal Health Program in California offers ancillary services, including nutrition and psychosocial counseling and health education in conjunction with the direct medical services provided by the private physicians in the community. This special project is a forerunner for implementation of the Margolin Bill in California, which allows MediCal reimbursement for ancillary perinatal services. This health department also provides direct health care services and home visits. The Maternal Health Program has received two National Association of Counties Awards "for its special programs to address the particular needs of low-income women in the County." (Spanish-speaking Maternal Health Care Project, 1983, and Home Birth Follow-up Program, 1984)*

*• The Worcester County Prenatal Clinic in Berlin, Maryland, provides routine prenatal services with one exception: if the patient comes in early and regularly she will get reduced rates for services.*

*• The Wake County Health Department and Medical Center in North Carolina has assessment tools for prenatal home visits so the labor and delivery doctors can better understand the home situation. Other assessment tools are used for patients at risk for preterm delivery and for postnatal home visits. Each is printed on one page (both sides), and is comprehensive, problem oriented, and clear.*

*• Many health departments provide speakers' bureaus with the traditional subjects covered: reproduction, family planning, sexually transmitted diseases' signs and symptoms, and puberty. Some have trained staff to give workshops in Parent Effectiveness Training, La Leche League standards, or Lamaze techniques. The Memphis (Shelby County) Health Department in Tennessee includes assertiveness training among the speeches offered, teaching teens to understand that they can say "No." Their brochure, "Saying No," reflects this emphasis. Other trends address self-esteem reinforcement and life-planning skills for low-income women.*

*• The Memphis (Shelby County) Health Department in Tennessee has also developed education sheets for pregnant women with poor reading skills. It provides community education through bus cards and billboards.*

**EPSDT.** Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a free screening and treat-

ment program for all Medicaid recipients under the age of 21 (under 18 at State option). Many State health departments that administer the EPSDT programs responding to the survey describe services that include a developmental assessment, a complete physical, vision and hearing screening, nutritional assessments, and immunizations. Follow-up treatment is provided for any problems discovered in the screening process.

Aggressive promotion of EPSDT is characteristic of the responding programs. All of them disseminate brochures or flyers explaining their services, and some have additional materials, such as the Maine program's pamphlets on dental screening. Other EPSDT programs are described under Outreach in this chapter. Options for use of EPSDT funds to finance the care of pregnant women and children are discussed in Appendix B.

## STAFFING

As with specialized programs, survey respondents report a mix of professional, paraprofessional and volunteer staffing. Some examples follow:

> • *With funds from the Preventive Health Services Block Grant, the Healthy Mothers-Healthy Infants program in the Cleveland, Ohio, Health Department has hired and trained Community Health Outreach Workers (CHOWs). The CHOWs "act as a friend during the change from pregnancy to parenthood," providing answers to nonmedical questions. The CHOW brochure reads: "You may need information on any of the following: food, clothing, shelter, prenatal care, school, county welfare, utilities, and many other questions related to you and your baby. You will be assigned your own CHOW who may visit you at your home, the hospital or Medical Center."*
>
> • *The Caldwell Health Department in Lenoir, North Carolina, is starting a "grandmother" program to support women, especially teens, through their pregnancies. The grandmothers make home visits, provide education on healthy pregnancy practices, and transport patients to clinics and to referral places. These "grandmothers" encourage the teenagers to stay in school, and work with their mothers on improving nutritional intake.*
>
> • *The Port Angeles Health Department in Washington State employs a perinatal project coordinator. She or he keeps patients coming back and provides coordination for the patients as they go through the health department system (from planning to obstetrical care to well-child care). He or she knows each patient by name and keeps up with each one, while support personnel provide services.*

**One-to-one counseling.** Several survey respondents mentioned individual counseling as an effective way to inform and educate their clients.

> • *Vida y Salud Health Systems in Crystal City, Texas, offers a birth center that provides individual counseling at each visit of its clients, who are mostly low-income. This approach has successfully reduced complications due to high blood pressure. Breastfeeding is also promoted aggressively in this center, being required for those who wish to deliver in the birth center and encouraged for those who deliver in the hospital. A home visit is made, if desired, to help new mothers get started.*

**The Team Approach.** Several respondents wrote with enthusiasm of a team approach to caring for and educating their clients.

> • *"An excellent approach to high-risk pregnancies and care for the infants," wrote the Maternal and Infant Care Clinic in Salt Lake City, Utah. The multidiscipline team approach is very important to address the total needs of the family. Evaluation of this program showed that the perinatal mortality rate in its high-risk population is lower than that of the low-risk population at large in Utah. In this case, a team consists of 16 different specialists, including a health educator, a maternal nurse coordinator, and foster grandparents.*
>
> • *The Beaufort-Jasper Comprehensive Health Services in Ridgeland, South Carolina, uses the same team in all its clinics to provide prenatal, postpartum, and intrapartum care. As evidence of success, it has seen a decrease in perinatal morbidity in the two counties.*
>
> • *The Kaiser Foundation Health Plan in Honolulu provides outreach services "by teams consisting of health coordinators and visiting nurses. The health coordinators enroll members in the program and make services accessible to them; visiting nurses provide medical care and health education in members' homes ....the outreach team approach is effective in providing continuity of care and health education; the team approach increases members' awareness of the importance of maintaining good health, and encourages independent responsibility for health care."*

## OUTREACH

Comprehensive programs devote substantial time and resources to outreach activities. Some of the approaches used are described below:

• *Operation Telephone Granny in Macon, Georgia, is one of several such programs throughout the country funded through a Federal Maternal and Child Health grant. In Macon, the grannies are "a group of 14 caring women who have been trained as outreach workers. Many are grandmothers or mothers who have raised or are raising families of their own." The Macon-Bibb County Health Department hired and trained the surrogate grandmothers to call and counsel pregnant women. Calls are made twice a month, once to remind women of their prenatal appointments and once to ask if there are any concerns or problems connected with the pregnancy. The grannies work from home, and each calls about 25 clients. This health department plans to have the grannies conduct a survey to determine health needs and attitudes for future program planning. Evaluation, although not yet complete, shows that missed appointments decreased by over 21 percent in 6 months.*

• *Operation Stork in Washington, D.C., a cooperative, public education project of the March of Dimes and B'nai Brith Women (BBW), sponsors Healthy Baby Fairs in shopping malls. A new program focus of Operation Stork is the workplace, in conjunction with an established March of Dimes project entitled "Good Health is Good Business."*

*"We will add a new BBW twist by adapting our Healthy Baby Fairs for use in the business place. The aim of this program is to educate women in the childbearing years, as well as future fathers and grandparents, on how to have a healthy baby. The format of the program can be lectures or discussion groups on such things as drug abuse, alcohol and pregnancy, nutrition, etc., with booth displays, audiovisual presentations and a healthy snack counter. The possibilities are endless! The March of Dimes has an abundance of educational materials for our use. These programs can take place during the lunch hours or end of shift."*

EPSDT programs also reach out to their clients. For example:

• *The EPSDT Outreach program in Nashville, Tennessee sends letters to eligible clients offering assistance with transportation and scheduling.*

• *The EPSDT program in Nevada developed a colorful, simple booklet using very large print*

**AN URBAN INITIATIVE**

**The Mayoral Initiative to Reduce Infant Mortality in New York combines many of the strategies described here in a city-wide, comprehensive program. It is, first of all, a public information campaign. Subway and bus advertisements, television and radio PSAs, posters, flyers, and wallet cards promote healthy habits during pregnancy and the use of health services. They also inform the public of some of the Initiative's other components, which include:**

**• Pregnancy Health Line, a call-in service for information and referrals. Callers can make prenatal appointments through the Health Line at one of the 60 participating health facilities in New York. The Health Line is staffed by four operators, two of whom are bilingual in Spanish and English. The operators follow up on callers and for those who do not keep their appointments, attempt to help overcome obstacles to prenatal care.**

**• Women's Health Program, a community based health education program. This program employs Public Health Educators, based in areas of the city where infant mortality rates are especially high, whose sole responsibility is outreach.**

**• Mini-Departments of Health, located in six different areas of the city, which identify, track, and follow up high-risk patients.**

**• *Child Health Passport,* a booklet that is mailed out with all birth certificates. This entitles any child without health insurance to receive free immunizations and preventive services for the first 18 months of life. The *Passport* is designed to serve as a medical record as well, to be kept by the mother.**

**• Adolescent Reproductive Health Services, a program which pulls together and augments existing teen services. In addition to traditional medical services, this program offers career planning and peer group counseling. All services are provided in the late afternoon, early evening, or on weekends.**

**• Prenatal Program for Pregnant Addicts, which is designed, like the teen program, to coordinate existing services, in this case prenatal and addict care, so that continuity and follow-up is assured.**

*to explain the benefits of the service. This program also sends out a card explaining the program with assistance checks.*

**Home services.** Taking health services directly to the client is an outreach strategy used by a number of health departments. Two examples follow:

- *The Lyon County Community Nursing Service in Marshall, Minnesota, although it relies primarily on classes for health education, makes home visits to women who do not attend the group sessions. A public health nurse discusses prenatal, postpartum, and parenting topics on a one-to-one basis, a method that this survey respondent has found effective. "They (the clients) have to learn specific things, e.g., Lamaze breathing, because the public nurse will quiz them at the next visit. Women interested in breastfeeding have a chance to work with the public health nurse on a private basis. This seems to work best for the Agency and results in the best retention of information..."*

- *The Hamilton Home Health Agency in Harrisburg, Pennsylvania, supplements Hamilton Health Center's physician services by making home health visits to women in the prenatal and postnatal periods, and to all children under the Center's care. A public health nurse or a qualified community health worker under the close supervision of the nurse makes the visit. This Agency has developed a checklist of topics to be discussed at home visits printed on one side of an 8 1/2" x 11" sheet of paper, on the reverse of which is space to record monthly data on the physical checkup, such as weight and blood pressure.*

**Information by telephone.** Several comprehensive health care clinics mentioned 24-hour telephone accessibility as one of their services. New York has a call-in service, described under "AN URBAN INITIATIVE" (see box). Telephone referral services were reported by two programs.

- *The Healthy Mothers, Healthy Babies Coalition of Erie County in Buffalo, New York, has established a hotline, TLC-BABY, for mothers who need information and referrals. Promotion and publicity were essential parts of this program. "One-time public relations doesn't work," said this survey respondent. A separate public relations committee publicizes the hotline and the Coalition's other programs.*

- *The Primary Care Council in St. Louis, Missouri, has set up a centralized telephone referral service for the area's community health centers. "This phone number is being used on all publicity.... distributed to the community at large, as well as to unemployed individuals through unions or other large mailings. Through this central referral mechanism, a caller's needs are identified, and she is given general service information and referred to the closest Center.*

Summarizing the importance of persistent, aggressive outreach efforts, the Parent-Child Center in Baltimore, Maryland, urged others to "go out into the schools and communities. Don't wait for them to come to you." This clinic maintains a speakers' bureau of health professionals who visit classrooms of local schools. It also provides preventive health and educational programs for daycare centers. The Maternal and Child Health Program in Arlington, Virginia, reported that "use of outreach workers has increased the Department's Maternity Clinic admissions by 50 percent."

**Networking.** Outreach can also be interpreted to mean active liaison with many other community agencies serving low-income families. The importance of networking — for continuity of services, for referrals, for patient tracking, and for retaining the patient in the health care system — was emphasized repeatedly by survey respondents. Some health care programs reported cooperative arrangements with social service agencies, and some social service agencies said they had agreements with health care providers. Here are two examples:

- *The Elizabeth General Medical Center's Outpatient Clinic, which provides complete prenatal, postpartum, family planning, and pediatric management for indigent patients in the eastern Union County area of New Jersey, has a social worker interview prenatal patients at one of the first visits. The Social Service Department has an excellent relationship with community agencies, especially the Division of Youth and Family Services. Contact is made with them immediately...all women are referred to the WIC Program. Elizabeth General Medical Center has a contract affiliation with neighboring hospitals. Psychiatric crisis intervention is available when necessary and follow-up is also provided. A genetics service operates within the hospital. Women and their families are referred when appropriate.*

  *Networking relationships are also useful to this program when patients fail to keep their appointments. "If the patient does not then return (after reminder cards), the public health nursing department in Elizabeth or the Visiting Nurse Service is notified to visit the patient at home. The community agencies have information on these clients beforehand because a referral form is processed for each new pre-*

*natal patient for home evaluation and health care supervision. This assists us in acquiring a more complete picture of each client and her individual strengths and weaknesses." And this survey respondent noted "Our delinquency rate is much lower than in years past because of efficient chart review and cooperation of community agencies."*

*• The Ripley County Health Coalition in Osgood, Indiana, is a volunteer organization that offers screening, support, and referrals to low-income women and their families. The Coalition has agreements with area health professionals who provide prenatal screenings and well-child physicals at monthly clinics. After initial pregnancy tests and blood work, the patients are referred to continuing prenatal care. Referrals are also made to "other area services that can aid in the overall well-being of the family, whether it is physical, emotional, financial, or spiritual."*

## EDUCATIONAL PROGRAMS

Health Education classes were mentioned by a number of survey respondents in this, as in most other categories. Two programs described their recruitment strategies:

*• The San Antonio Neighborhood Health Center Perinatal Program in Texas has a "Prenatal Care and Delivery Agreement" which includes a section on classes. It reads, in part, "These classes are so important that they are required of all our patients. If you don't want to come to these classes, tell the social worker immediately. You may wish to drop out of our program or enroll in classes somewhere else. If you fail to attend the classes, we are not bound to deliver your baby, and will transfer your prenatal records to another doctor of your choice." As a result of its Perinatal Program, this clinic reported increased utilization by all racial groups and a decrease in the number of complications.*

*• The Sixteenth Street Community Health Center in Milwaukee, Wisconsin provides educational services that are geared to the cultural background of its patients and promoted accordingly. "We include prenatal education classes in English, Spanish, and Hmong/Laotian; a car seat rental program specifically geared to low-income and non-English reading clients; and a parent support/education group geared to low-income and low educationally achieving families of newborns to toddler-aged children. All educational services are provided without charge and are specifically geared towards low-income and minority families by the type of promotional campaigns utilized, selection of material to be included in class content or handouts, and through the provision of translation services to the two largest minorities of patients that we serve — Hispanic and Indochinese."*

*The large numbers of returning parents and of parents bringing friends testifies to the success of the approach. This clinics' incidence of low birthweight surpasses that of Milwaukee County as a whole.*

## NEEDS FOR EDUCATIONAL MATERIALS

Although there were more respondents in the comprehensive category than in any other, fewer needs for educational materials were identified, perhaps because these programs have had better access to existing material and tend to cooperate more closely with other agencies and groups serving the same clientele. Needs expressed tended to be quite specific, however.

Several respondents cited a need for programs that go beyond basic health education to teach self-sufficiency and employment skills. Another requested a model for programs that emphasize allied health professional staffing. Yet another need, apart from client materials, is for staff development and training aids. Programs on teen pregnancy and promotion of immunization for infants of low-income women were also requested.

Foreign-language materials were given high priority by several respondents; their "wish lists" included: Asian-language materials, particularly Chinese, covering basic maternal and infant care; Spanish materials on prenatal care; illustrated handouts on family planning for non-English-speaking and illiterate clients; and materials on pregnancy and infant care for mentally retarded parents.

Specific topics requested were: accident prevention; budgeting for young families; exercise; discomforts of pregnancy and how to deal with them; nutrition; high-risk pregnancy; personal hygiene; substance abuse; oral health; and normal responses of newborns.

Information for target groups, such as single and teenage mothers and fathers — particularly adolescent fathers — and Black teenagers are also needed, according to survey respondents.

Recruitment materials to encourage clients to seek prenatal care and to promote attendance at classes were requested by one respondent, who said:

*• I would like to have a guide to learn how to effectively recruit patients for obstetric classes. The turnout is low, and I don't know how to bring up attendance.*

This need was implied often, if not frequently stated, by many respondents when reporting rates of attendance at health education classes.

Popular materials that have gone out of print are sorely missed, and respondents specifically requested some of these. Titles identified were: "Thinking About the Baby? Thinking About Breastfeeding?" produced by the Texas WIC Program; the Centers for Disease Control's booklet on amniocentesis; and a simplified version of "Little Babies Born Too Soon, Born Too Small," or an equivalent publication on prematurity.

Audiovisual materials were frequently mentioned by respondents working with clients with low literacy levels. Requested were films about premature labor, delivery, and teen pregnancy; slide-tape presentations on all health topics; and an up-to-date childbirth film. One respondent cited the need for an audiovisual series of childbirth education classes for use in understaffed clinics.

## ELEMENTS OF SUCCESS

Comprehensive programs were more likely than respondents in other categories to have statistical evidence of success. For example:

> • *The Hobbs and Lovington Health Department in Hobbs, New Mexico, instituted a clinical Prenatal Program, with the objectives of lowering the infant mortality rate and reducing the number of women who do not seek health care until delivery. Before the Prenatal Program the "walk-in" rate at a local hospital (for women who were about to deliver but who had not had prenatal care) was 28 percent. This was reduced to 5 percent. Similarly, the neonatal mortality rate has declined from 25 percent to below 5 percent.*
>
> • *The Maternal Child Health program in Lexington, Kentucky, which emphasized a community system of health care delivery, has lowered the infant mortality rate. "The death rate has been reduced from 12 percent in 1982, to 9.8 percent in 1983, a 2.2 percent improvement in 1 year as a result of this comprehensive maternity health care system. This was done even though, during the same period of time, a study released (in 1983) by the Southern Regional Task Force on Infant Mortality reported that Kentucky had the 15th highest mortality rate (11.6 percent) among the 50 states and the District of Columbia. The Fayette County rate also surpassed the national rate of 10.9 percent in 1983.*
>
> • *The Indian Health Center of Santa Clara Valley in San Jose, California, aims to increase the accessibility of services to Native Americans and other low-income women and children in the county. It reported that "our prenatal program has outreached and provided services to many low-income women who have needed extra time and attention focused on their medical care and their psychosocial/economic concerns. In 1983, 5 percent of our prenatal clients were Native Americans; in 1984, 89 percent were either Native American, Southeast Asian, or Hispanic."*

Survey respondents emphasized several important elements of success: networking, sensitivity to cultural needs, and a good staff. These were effectively summarized in the Watts Health Foundation's survey response for its Community Perinatal Direct Services in Los Angeles.

> *Consider hiring local community individuals when developing your case management staff.... Hire individuals throughout the program who reflect the* cultural ethnic and language differences *in the community. Emphasis should be placed on hiring bilingual staff as it increases patients' acceptance, as well as comfort with the program services.*
>
> *Work* collaboratively *with other resources within your agency and in the community. Develop inter- and intra-agency agreements and referral mechanisms which will support efficient service provision to patients and will assist each program/agency in meeting its stated goals and objectives.*
>
> *Be very conscious not to be impatient when implementing the program or making a significant change in its operations. Follow your work plan, revise as needed. Allow 2 to 3 months for the change to occur and another 2 to 3 months to work through related issues and challenges.*
>
> *Become familiar with other programs providing similar services in the area.* Avoid duplication *of services. Open communication and then sharing of strategies (i.e. forms, policy, procedures, etc.) which have been proven to be effective in one location, could be useful in their application to your program as well.*
>
> *Encourage ongoing in-service training and annual certification for your staff....as perinatal health care is an evolutionary field. When seeking training for staff, contact: junior/local colleges; hospital-based training programs, particularly those developed for labor and delivery; perinatal nursing staff; and family planning organizations, as these programs are usually offered at a good price, and provide recognized certification in the subject areas and the opportunity to interface with other personnel performing similar tasks.*

### USING FILMSTRIPS

**Filmstrips can be good motivators for discussion and present valuable information. However, using them effectively is not a simple matter. They generally reflect idealized middle-class settings, and often present too many ideas using complex language. Nevertheless, they are good program aids. To use them:**

- **Select some titles to preview. Then choose one strip that best addresses your topic.**
- **Be creative in your selection; for example, parents of toddlers may want to discuss "discipline." A filmstrip on toilet training could teach those concepts within a particular context.**
- **Read the discussion guides and decide in advance what to say and ask about the presentation.**
- **Decide whether to show all of it or just look at a few frames to get discussion started. Will you play the tape or narrate, rewording the script yourself? Or, just use the video and let the client(s) tell what is happening.**
- **Be alert to viewers. Stop the filmstrip to clarify or note for later discussion that a particular point created some reactions. (From the *Parent Educator*, New York Foundling Hospital, New York, NY. Copyright 1984.)**

## ADVICE AND OBSERVATIONS

- *It takes a long time to get new programs established — no matter how worthwhile they are. Utilize new ways to advertise new programs. Try to appeal to all marketing groups. Even if a program does not start with a big bang, don't give up, try again, try new promotional techniques. Don't give up. (Johnson County Community Health Services, Warrenburg, Missouri)*
- *Review your program regularly and modify it, if necessary, according to social trends. One service agency wrote, "The program has been traditionally geared to adoption, but, as single, pregnant women are increasingly raising their children, the focus has shifted to parenting issues and support services for single-parent families." (Catholic Charities of Pittsburgh, Pittsburgh, Pennsylvania)*
- *Emulate the private sector and other countries in providing facilities to which our clients are not ashamed to go for services. Allow space for privacy, provide a cheerful atmosphere with soft music and reading materials to remove the feelings of second-class health care services. (Polk County Health Department, Winter Haven, Florida)*
- *Staffing is the key to success....The physician staff changes with coverage, etc., but if the patients see the same nursing staff consistently, they feel comfortable. They keep their appointments, follow instructions, and take their medications. (San Bernardino Community Hospital Obstetrical Center, San Bernardino, California)*
- *Many health department people grow apathetic, lose courage after any length of health department employment. Nurses, social workers, health educators, clerks, aides, outreach workers, and doctors should support each other more positively. (Charles City County Health Department, Charles City, Virginia)*
- *Combine WIC services with the first prenatal visit to get patients in early. (OB/GYN Clinic, Greenville, South Carolina)*
- *Find financial subsidy for the prenatal care and the hospital charges. The cost is one of the most threatening aspects of care that keeps patients away. Arm patients with as much information as possible. Advocate for them at the hospital. They need your support. (Parent-Child Center, Baltimore, Maryland)*
- *Offer free or inexpensive pregnancy tests to get patients into early prenatal care. (Elizabeth General Medical Center, Elizabeth, New Jersey)*
- *Our tracking system which is tied in with our educational program as well as medical care is unique.... Careful orientation, commitment through a written contract, early follow-up, assistance with transportation and finances are crucial features of our success. (West Alabama Health Service, Eutau, Alabama)*
- *Apply for as many Federal and State grants as possible. (Erie County Health Department, Buffalo, New York)*
- *In the Mexican-American culture, the husband is the autocratic figure....In low-income families, success will be achieved by directing education to the husband-father. (Urgent Supplemental Assistance, McAllen, Texas)*
- *A program such as ours requires much public promotion within the community (churches, schools, etc.). Coordinate class schedules and notify health care professionals to increase referrals. (Louisville Memorial Primary Care Center, Louisville, Kentucky)*

- *Give the public something tangible and free, like well-child examinations. Give health and human service providers something tangible and free, like a resource directory and/or a telephone I&R hotline. (Healthy Mothers, Healthy Babies Coalition of Erie County)*
- *At classes, raffle gifts, baby clothes, milk, and literature packages. (Martin Luther King Clinic, Homestead, Florida)*
- *Operation Stork, based in Washington, D.C. has layette incentive programs in many communities throughout the country. Originally a support service — giving layettes to needy mothers — the program now puts a new emphasis on the layette concept. "We no longer simply give away baby clothes and items to expectant mothers. We use these layettes as incentives to get the very necessary prenatal care....Women who routinely get prenatal care at a hospital or clinic are given vouchers when their babies are born and they can go to a 'Stork's Nest' and exchange those vouchers for layette items. These vouchers give them an incentive to get prenatal care." (Operation Stork, Washington, DC)*
- *Hold a family health fair, enlisting "full community support — mayors, all agencies, news media." (Healthy Mother, Healthy Baby Family Fair, New Kensington, Pennsylvania)*
- *Offer fitness classes for expectant mothers and for new mothers with infants. (YMCA of the USA, You and Me Baby, St. Paul, Minnesota)*
- *Offer a baby-sitting coop, a playmate connection, a clothing swap. (Parent-Child Center, Baltimore, Maryland)*
- *Offer separate classes for single mothers who may feel uncomfortable in classes with couples. (Our Lady of Providence Children's Centers, Springfield, Massachusetts)*
- *Low-income patients often have low self-esteem and are hesitant to stand up for their rights with health professionals. It helps the patient if our nurses write instructions for the patient when sending her to the hospital. If communications break down, the patient has written evidence that a public health nurse has made arrangements for her and the patient is indeed following the instructions given. (Wake County Health Department and Medical Center, North Carolina).*

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# 7
# Breastfeeding

Use of volunteers, little or no funding, and enthusiasm characterize the 28 breastfeeding promotion programs responding to the survey. Often conducted by mothers who have successfully breastfed, these programs seem to possess a sense of mission. Few receive Government or foundation funding; church donations, client contributions, and "none" were the answers most frequently given under "funding sources."

But enthusiasm, patience, and sensitivity were evident in the survey replies. "Our program works," wrote the Pocono Mountain La Leche League, which serves low-income women in Tobyhanna, Pennsylvania, "because we do not force the issue, but gently encourage. We publicize our services well and follow through on all inquiries. A larger percentage of women at local hospitals are beginning breastfeeding. We are there to help them continue." And the volunteer leader of the La Leche League in Kansas City, Missouri, which serves only low-income women, wrote: "I believe we had a commitment and a vision at the beginning of our program that has continued to this day. We wanted to initiate this kind of low-income group for a long time...."

## SERVICES AND STRATEGIES

A combination of educational presentations, supportive counseling, and community outreach efforts is typical of programs that encourage breastfeeding. A variety of methods was described. For example, the Community Advisors for Breastfeeding (CAB), Lexington, Kentucky, provided this description of its history, goals, and the challenges confronted in its day-to-day activities.

> • *Recognizing the need for offering services similar to those of the La Leche League provided by women who represent minorities, working women, single parents, or economically disadvantaged families, the Kentucky Department of Human Resources, Lexington, Kentucky, organized the Community Advisors for Breastfeeding Mothers (CAB), an association of women with lactation experience who advised and encouraged other mothers interested in breastfeeding. As this respondent reports, "Two Anglos and six Black women and six of their husbands participated during the first 3 years in outreach and counseling activities. An inquiry into the local Community Action Program led us (the Department) to a group of friends who had shared knowledge, books, and experiences about breastfeeding with each other previously. They, in turn, recruited other advisors to the program."*
>
> *Several formative meetings were held with a health educator from the Lexington-Fayette County Health Department on the organization and scope of the group as well as training needs, and plans were made for a formal training session, which consisted of a 6-hour session led by the health educator and a La Leche League leader, that was repeated twice for new members. CAB mothers were trained in counseling techniques, advantages of breastfeeding, solutions to common breastfeeding problems, and other aspects of lactation. Each had a reference manual containing program policies and a variety of La Leche League information sheets on problems.*
>
> *We established a referral system with several programs serving pregnant mothers including the University of Kentucky obstetrics outpatient clinic, a private hospital maternity program, a private birthing clinic, and a health maintenance organization. The majority of referrals, however, came from the WIC and maternity programs of the Lexington-Fayette County Health Department.*
>
> *Some of the mothers counseled in the CAB program called for technical information about lactation, but most were searching for basic information about lactation and encouragement to breastfeed. In addition to telephone counseling, CAB mothers made home visits*

*and mailed written materials to interested families... appeared on televison and radio interview shows, staffed displays at health fairs, and led discussion groups at community agencies... CAB organized a 1 day workshop for people interested in breastfeeding, and approximately 60 pregnant women and three of their husbands attended; ten of the women were teenagers. The agenda included audience participation quizzes and discussions on the benefits of breastfeeding, techniques of breastfeeding, and special concerns such as Caesarean sections and premature births. Other unique aspects of the workshop included a panel of men discussing ways fathers can support the lactating mother. Transportation for participants and lunch (donated by merchants and local businesses) as well as workshop registration were provided at no charge.*

*During the past several years, advisors have come to recognize several principles and strategies that guide their promotional activities. First, knowledge about breastfeeding benefits is not enough...Opposition from friends and relatives, especially a husband or boyfriend, can create serious doubts about the value of lactation, interfere with the let-down response, and lead to insurmountable problems. Advisors need to assess the amount of antagonism and support a woman will face if she decides to breastfeed and use the information to help the woman decide if breast or bottlefeeding is the best option for* her. *In some cases, encouragement from friends or a CAB member may be sufficient to overcome the criticism, skepticism, and hostility of other network members... CAB advisors were particularly cautious in their promotion of breastfeeding when the mother's husband or boyfriend was unyielding in his opposition... in all cases, CAB advisors presented bottlefeeding as a viable alternative so that a mother who found lactation intolerable was not left with an unacceptable option associated with feelings of guilt and failure.*

*Second, the male's role in the lactation experience is often overlooked... male advisors also participated in television interview shows and other promotional activities. By addressing men's concerns, they did what the female advisors could not: transmit the message that men accept breastfeeding.*

*Third, the opportunity to reach large numbers of individuals through mass media should not be overlooked. Television, newspapers, and radio offer a highly influential, relatively inexpensive means of reaching large numbers of people. One way to get on the air... is to seek invitations to talk shows as nutrition or infant feeding advisors and then make breastfeeding the dominant topic. Fourth, education of mothers should begin long before the last trimester of pregnancy... CAB, therefore, attempted to establish referral networks that allowed a breastfeeding or infant feeding advisor to work with a woman as early in her pregnancy as possible.*

*But, CAB was not without problems. Among those cited was the volunteer status of CAB's membership, which caused practical problems. Since all but one of the CAB mothers were employed on a full-time basis, they had to conduct program activities during the evenings or weekends. This delayed recruitment of additional CAB mothers, training of advisors, outreach activities, and the number of advisors available for telephone and home visitation counseling. In addition, CAB mothers were unable to maintain private telephone service continuously, so their phone numbers changed frequently and promotional materials became outdated. Moreover, budget constraints... prevented the installation of a single-line telephone with call-forwarding capacity that would have enabled calls to be received on a 24-hour basis from advisors' homes or a central office. In addition, without funding, it has not been possible to thoroughly evaluate the program's actual impact on the incidence or duration of breastfeeding. This, in turn, made it difficult to convince health agencies to refer clients to CAB or rely on CAB advisors for in-service training of the professionals who work with women during pregnancy. Funding currently is being sought to remedy this deficiency. Organizers remain upbeat about the program, however, observing that even without additional funds... CAB has already demonstrated the feasibility of building a social support and information network for economically disavantaged mothers who would like to breastfeed their babies.*

Other strategies were also reported by groups around the Nation.

**Prenatal counseling.** Because most women decide on their infant feeding method before the baby is born, programs introduce the concepts and techniques of breastfeeding in the prenatal period. In Brownsville, Texas, for instance, the La Leche League-City Clinic Program gives classes at the Brownsville Maternity Center at 28 and 34 weeks of pregnancy. Two volunteer mothers who work half a day a week at the clinic give separate classes in Spanish and English. Another

program, the Pocono La Leche League in Tobyhanna, Pennsylvania, distributes literature and provides speakers to WIC sites and prenatal clinics.

**Hospital visits.** Counseling new mothers during their hospitalization is a technique used by several programs including the Travis Park Infant Nutrition Program in San Antonio, Texas, and the Maternal Infant Care Program at the Medical College of Pennsylvania in Philadelphia. For mothers whose babies must remain in intensive care, the Unified LaCrosse Region Infant Intensive Care Program in LaCrosse, Wisconsin, encourages breastfeeding and has developed a booklet called "You Can Provide Breast Milk for Your Hospitalized Infant."

**Telephone support.** This technique is mentioned by several survey respondents. The Pocono Mountain La Leche League in Tobyhanna, Pennsylvania offers telephone counseling on a 24-hour basis. A hotline has been established by the Henry J. Austin Health Center in Trenton, New Jersey, as part of its comprehensive Breastfeeding Support Program, which uses most of the techniques described here. The Maternal Infant Care Program at the Medical College of Pennsylvania, uses active telephone follow-up, commenting that:

> • *The counselors know from their own experience that they need to reach out to these women, call them frequently, rather than just be there if they called. If the counselors waited, they (the mothers) would rarely call.*

A Boston University research study on telephone counseling, the Randomized Controlled Trial to Promote the Duration of Breastfeeding, has tested the effectiveness of scheduled, routine telephone contacts and a 24-hour hotline in a low-income population. This survey respondent reported that evaluation data

> • *showed marginally significant trends in favor of the intervention. The intervention appears to work while it is operating (i.e., the first 2 weeks) but once counseling ends, rates even out. These results supported our claim that a longer intervention period is necessary to establish successful breastfeeding in our target population.*

This program reported that it is now trying to use lay community counselors from the inner city.

**Buddy system.** The Wisconsin Nutrition Program (WNP) in Madison trains as counselors volunteers who have breastfed and pairs them with mothers who want advice and support. All counseling is done by telephone, and WNP has prepared a booklet (in Spanish and English) on "Starting a Telephone Support System for Breastfeeding Mothers."

**Support groups.** These are at the heart of the La Leche League International (LLLI) program, a national group with many local chapters. Nearly half of the survey responses in this category came from local League chapters. Volunteers lead La Leche support groups, which usually meet in participants' homes. Format and materials are supplied by the national office. The La Leche League has developed materials in over two dozen languages on many different aspects of breastfeeding and parenting, and these were frequently mentioned by survey respondents, both affiliates and nonaffiliates of the League. But the LLLI Headquarters in Franklin Park, Illinois, noted that materials need to be developed for a lower educational-level audience. The League is beginning to receive more and more information requests from low-income women and the professionals working with them.

## STAFFING

Most breastfeeding promotion and support services are provided by nurses, nutritionists, physicians, and other members of the health care team as a part of prenatal, postpartum, and infant health care. Volunteer and paid peer counselors are also being used to provide mother-to-mother support.

**Using volunteers.** Volunteers, according to survey respondents, conduct support groups, make home and hospital visits, and provide telephone counseling. How one volunteer program got started and how it works is explained in detail below:

> • *The staff of the clinic has been frustrated over the years at the number of women who begin breastfeeding while in the hospital and switch to formula before the first clinic visit....We had always made available to our mothers the names of existing support groups. However, they never seemed to use them. These groups are generally made up of middle-class mothers.*
>
> *In the spring of 1983, a social worker suggested that one of our more enthusiastic nursing mothers be sponsored to attend a nursing mothers' counselor course. With funds donated by our local Ross (Laboratories) representative, we paid for the training of a WIC mother ....Four more women completed the training course, and the program was in full swing by the late fall of 1983. The initial trainee is the leader, providing the coordination we do not have time for. They have taken the program on as their own, naming it the "Doula Nursing Mothers." The word "doula" describes a woman who supports a new mother in the first few months in all aspects of child care, but particularly feeding. The counselors use the*

*clinic staff for information, continued training, referrals, and fund raising support. We use them to do a job we are unable to do, due to the lack of time (and probably cultural distance).*

*The women spend most of 1 day per week in the hospital, speaking with women in the prenatal clinic, visiting new mothers on the maternity floor, and conferring with hospital staff. Meetings are held every 2 weeks to provide support for nursing moms and to educate pregnant women about what to expect from the nursing experience. Much of the supportive counseling is done on the phone when the counselors call to check on their clients. They also make home visits as needed.*

*(From the Maternal Infant Care Program, Medical College of Pennsylvania, Philadelphia, Pennsylvania)*

**Paid community workers.** The Infant Nutrition Care Project in Brownsville, Texas, used church funding to hire and train bilingual community representatives, women who had successfully breastfed, to lead classes.

**Cooperation with other agencies serving low-income women.** Several La Leche League chapters have reached low-income women by cooperating with clinics, WIC programs, and teen pregnancy programs. The chapter in Paterson, New Jersey, for instance, gives talks to inner city hospital staffs and to adolescent pregnancy programs. The Newark, New Jersey, chapter receives referrals from WIC and prenatal clinics. One chapter reported a program aimed exclusively at low-income women.

- *The Kay Cee La Leche League group meets monthly at the Wayne Minor Health Center in Kansas City, Missouri. "We function with a group discussion based on LLL meeting outlines and the immediate needs of the participants attending. The nutrition department at the Center directs mothers to our group who are considering breastfeeding their babies. We keep in touch with the mothers in addition to the Center's follow-up." The group has maintained its continuity for 4 years (while turnover of the Center's paid staff is high). "Thus we have repeating mothers who come back to the Center and the group and can share their experiences with the new mothers in the group."*

- *Communication with the Center's staff has been important to this program. "The staff has also learned about breastfeeding from us and has started a second class. We meet with the staff several times a year to evaluate our progress or to discuss concerns. The communication between the staff and La Leche League leaders remains very good."*

## NEEDS

**Educational materials.** Survey respondents from breastfeeding programs did not mention the need for materials as often as respondents in other kinds of programs. However, La Leche League International headquarters did note a lack of materials for a less-educated audience. One respondent said free, easy-to-read materials were needed. And two respondents mentioned the need for a slide-tape or video on how to begin breastfeeding in the hospital.

**Institutional policies.** Many needs expressed were administrative or logistical. "Not only do we need to educate the mothers, but also the OB nurses on the floor plus implementing policies on the OB ward that complement the breastfeeding couple," wrote the coordinator of the Breastfeeding Classes at St. Mary's Medical Center in Evansville, Indiana.

**Professional education.** Health and social service professionals need more information on breastfeeding, according to the Wisconsin Nutrition Project's survey of WIC Project Directors. Support for this finding is supplied by the SPRANS Breastfeeding Project in the Bronx, New York. It reported that breastfeeding increased in three Bronx municipal hospitals from about 25 percent to about 40 percent as a result of a "multidisciplinary approach (including) professional education, assistance in developing new institutional policy toward breastfeeding and patient material for specific populations."

## ADVICE AND OBSERVATIONS

Respondents shared these observations and suggestions based on their experiences:

- *The key to being successful is to appeal to each woman's desire to do the best she can for her baby. Women respond to other women who are themselves mothers...but breastfeeding is an Art that does not come naturally to most women. Those who are successful are usually supported by other nursing mothers. These basic needs can bring women of very different socioeconomic backgrounds together. (La Leche League of Newark, South Orange, New Jersey)*

- *Promotion of breastfeeding involves more than providing "proper" information for informed choice. It also involves ensuring the necessary support and time-dependent practical skills for success at breastfeeding.... For a comprehensive approach to breastfeeding promotion one obviously needs a prenatal, perinatal, and postpartum program that addresses structural and personal barriers in the health care system. (Random Controlled Trial*

*to Promote Breastfeeding Duration, Boston, Massachusetts)*

- *Develop a broad base of support within the community. Invite health professionals and consumers to serve on an advisory task force. Find a strong base to house the program, such as a WIC program. Hire a coordinator (20 to 40 hours a week) whose sole responsibility is the program. Ask for a 1-year commitment from volunteer peer counselors. (La Crosse Breastfeeding Task Force, La Crosse, Wisconsin)*

- *Our program attempts to reach mothers in a broad socioeconomic base through one one contact, and public media...meeting in small groups to discuss lactation management and mothering. In one part of the state, leaders have met with Reservation Indian mothers, and statewide, leaders are holding meetings at WIC distribution centers...finding times for meetings that fit with the group's particular needs ...is so important, i.e., when she has time off from work, or in the case of Indian mothers, working around social customs.*

- *Being sensitive to the needs and feelings of the mothers and their circumstances, especially when they differ sharply from those of the LLL leader is essential. (Sensitivity) includes choice of meeting places and Leader's dress when meeting with low-income groups. (La Leche League of Nebraska, Greeley, Nebraska)*

### LA MANERA CARINOSA/A LOVING WAY

**Culturally relevant materials was a need expressed over and over again by survey respondents in all categories of programs. One local breastfeeding program responded to this need by developing "La Manera Carinosa/A Loving Way." This bilingual slide-tape presentation on breastfeeding was designed especially for the Hispanic culture of South Texas by the Travis Park Infant Nutrition Program in San Antonio, using a donation from a church. "The slide-tape is brief, simple, authentic, colloquial, and based on experience of the concerns and values of our clients," according to the program's description. The 8-minute presentation can be adapted to local settings with slide substitutes. It has been used by WIC clients and school programs in Texas, Arizona, and Florida; cited as an exemplary educational tool by Health Education Associates; and used as part of a program winning the Pansy Ellen Essman Award from La Leche League International for work with teenage mothers.**

### A PUBLIC EDUCATION CAMPAIGN: The Wisconsin Nutrition Project

A private nonprofit organization, the Wisconsin Nutrition Project (WNP), has been conducting a public education campaign to promote breastfeeding among low-income women in two Wisconsin cities, Milwaukee and La Crosse. A survey of WIC sites in the State revealed that only 11 percent of WIC infants were totally breastfed and that 70 percent were totally formula fed. Peer and family influence, physician's advice, and lack of nutritional awareness were the major reasons women chose formula feeding, according to the WIC Project Directors. Based on this information, the WNP designed a campaign with several components:

- Community task forces were organized in each city, consisting of social service professionals and low-income women.
- PSAs and posters were developed.
- Two booklets were prepared: "A Mother's Handbook: Combining Breastfeeding with Work or School" in English and Spanish, and "Starting a Telephone Support System for Breastfeeding Mothers."
- Telephone support systems were established by the Task Forces.
- Presentations were made to community groups and literature distributed at WIC sites and in clinics.
- Educational meetings were held for professionals.

The WNP's goal was to increase breastfeeding by 5 percent in the two cities. Evaluation of the 2-year pilot project will be based on data from La Crosse and Milwaukee and from two control sites, Rockford, Illinois, and Stevens Point, Wisconsin.

The La Crosse Breastfeeding Task Force reported the following results of its own program. "There has been a 6 percent increase in the incidence of breastfeeding among the La Crosse county WIC clients since the inception of the program. We have recruited and trained 25 peer counselors and matched 73 pregnant breastfeeding women with these counselors."

□□□

# 8 Nutrition Programs

The 279 nutrition professionals responding to the survey described well-established programs on one hand, and complex personal and socioeconomic needs on the other. Programs that focus primarily on the nutritional needs of pregnant women and children are often part of large programs with broader goals and objectives. These programs receive funds and materials from Federal or State agencies, and these agencies conduct the needs assessments and evaluations.

But within this structure and these resources, the local program coordinator must still grapple with a daily challenge. How can a program change what may be the most ingrained of personal habits — our diets? Supplemental foods combined with nutrition education are the primary tools of the Special Supplemental Food Program for Women, Infants, and Children (WIC), a Federal program. Peer counseling is the chief strategy of another Federal program found in many communities, the Expanded Food and Nutrition Education Program (EFNEP). Professional education and technical assistance are the functions carried out by State agencies. These three groups, WIC, EFNEP, and State nutrition programs, with the addition of some local projects, comprise this category of survey responses.

## WIC

Responses from WIC programs far outnumbered all others in this category. WIC is operated by more than 7,000 health clinics or other facilities in all parts of the United States. Funded by the Food and Nutrition Service of the U.S. Department of Agriculture, WIC serves low-income pregnant, postpartum, and breastfeeding women, and infants and children up to the age of 5 who have been determined to be at nutritional risk. WIC provides specific nutritious foods and nutrition education to program participants during periods of critical growth and development. WIC foods, which are high in protein, calcium, iron, and vitamins A and C, are designed to supplement program participants' diets, but not to provide for total dietary needs. The foods provided include formula, cereal, eggs, milk and/or cheese, juice, and dry beans and peas or peanut butter. These foods are good sources of essential nutrients found to be lacking in the diets of program participants.

WIC participants are taught good eating habits through nutrition education in individual counseling or group sessions. Most local WIC agencies provide program participants with food vouchers to buy WIC-approved foods at retail stores. Some agencies distribute foods directly or arrange for home delivery.

Because the operation of the WIC Program is constrained by a fixed amount of funds, as determined by Congress, all eligible persons cannot always be served. Therefore, those persons who stand to benefit most from WIC — pregnant women, especially pregnant teenagers and minority women — are targeted as the highest priority for outreach.

How do local WIC programs reach the low-income women who need their services? WIC operates as an adjunct to good health care, and participants are referred by WIC to additional health care services. Conversely, private physicians, health care providers, and others are encouraged to refer their clients to WIC. Referrals from other local health services are one of the most common ways participants come to WIC. Numerous survey respondents in other categories mentioned referrals to WIC as one of their standard services. In fact, the WIC Program is so well established in many communities that references to the WIC Program turned up frequently in other survey replies. Many respondents said they had found coordination with WIC a good way to reach low-income women.

But promotion and outreach are also important to motivate high-risk, potentially eligible clients to come to the WIC Program; as the Coalition's WIC reviewer pointed out:

> • *We may need to reiterate to State and local agencies the importance of targeted outreach to direct the WIC Program to those in greatest*

*need — pregnant women, particularly minority women, pregnant teenagers, and others at highest risk.*

Ideas from local WIC and other programs are described under "Other Services and Strategies" and "Outreach".

## EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM (EFNEP)

Providing low-income families with the skills and knowledge they need to plan nutritionally sound diets and incentives to change their dietary practices is the goal of the Expanded Food and Nutrition Education Program administered by the U.S. Department of Agriculture Extension Service in cooperation with State Cooperative Extension Services. The EFNEP Program currently operates in over 950 cities, counties, and Indian reservations.

The EFNEP approach is to train paraprofessionals and volunteers who usually live in the communities they serve. The aides teach low-income families why nutrition is important as well as a variety of practical skills related to nutrition — selecting and buying food, preparing meals, and managing food-related resources such as food stamps and gardens. Families in the program are recruited by the aides or referred by other community agencies. Several local EFNEP programs responding to the survey reported developing special materials to reach their target populations; these are described in "Educational Materials."

A typical EFNEP program was described by the Texas Agricultural Extension Service:

> • *To improve the diets of limited income mothers, infants, and young children, the Expanded Food and Nutrition Education Program provides a minimum of six weekly lessons on menu planning, food buying, and food preparation and safety. Lessons are taught by paraprofessionals instructed by professional nutrition educators....In Hidalgo County, over a 4-year period, 400 young couples completed a 4-part short course which taught them prenatal and infant nutrition....Dietary recall and behavior checklists measure changes resulting from the program. In fiscal year 1984, 12 persons included in the September evaluation had made the following changes: 26 percent improved consumption of recommended servings of each food group, with 81 percent consuming their recommended servings after the program. Forty-eight percent were not consuming milk at the beginning of the program, but 57 percent drank two or more servings after the training....*

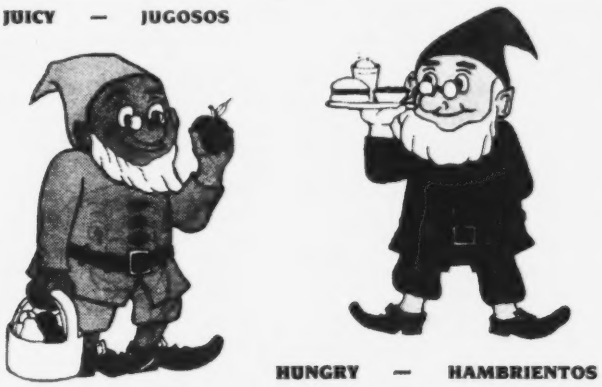
The EFNEP program of Oregon State University Extension Service uses some innovative program delivery techniques and exemplifies close cooperation between WIC and EFNEP:

> • *A cooperative program with WIC was designed to allow homemakers who are enrolled and actively participating in EFNEP to receive their WIC coupons by mail. This saves time and money for the homemakers who live a distance from the WIC office. It saves aides time in recruiting homemakers....In a small town some 60 miles from the office, two aides meet every other week with low-income homemakers who are recruited by WIC. Aides interview and enroll these homemakers who are interested in EFNEP....Aide time is spent on group teaching and interviewing individuals and not on door knocking or other time-consuming recruiting procedures. Teaching packets that included all the EFNEP handout materials have been compiled for each homemaker. There is a lesson checklist in each packet....Graduation ceremonies are held on a regular basis to honor the homemakers who are ready to move out of EFNEP. It is a recognition of each homemaker's achievement as well as the aide's progress. It encourages aides to move on to needy homemakers, rather than work with the same clients for several years....EFNEP provides materials and training to volunteers who teach in elementary schools, Head Start programs, community school programs, and park and recreation districts....EFNEP has developed a symbiotic relationship with the Indochinese Cultural Center and Migrant-Indian Coalition in Portland. We present programs for their clients, they refer homemakers to us. We serve on their advisory councils and they serve on ours.*

The key to success for nutrition education, according to these local EFNEP respondents, lies in closeness to the community. "Get to know the neighborhoods in the program's target areas; involve members of the community in the planning process," wrote the Massachusetts EFNEP Program in Amherst. "The program tends to work best where these things have been done, where staff is committed to the families in the neighborhood, and where specific teaching materials are available and followed."

## OTHER SERVICES AND STRATEGIES

Although often affiliated with larger programs, local nutrition programs must face local problems. Like other programs, they constantly seek ways to reach low-income women in their own areas and make their




Texas Department of Health

services appealing. Some of the techniques brought to light by the survey:

**Advertising at local stores.** Putting promotional materials in laundromats and grocery stores draws clients, according to the Crawford City WIC Program, Bucyrus, Ohio.

**Babysitters.** Providing a babysitter allows mothers to focus their full attention on classes, advises the WIC Program in Chatanooga, Tennessee. Using Red Cross volunteers as babysitters at the clinic was suggested by the Winman County, Winona, Minnesota, Red Cross Chapter.

**Bill stuffers.** The Amarillo Bi-City-County Health Department in Amarillo, Texas, sends WIC advertisements with the city water bills.

**Bilingual staff.** The WIC respondent at the South End Community Health Center in Boston reported "We have all bilingual staff (English and: Cantonese, Mandarin, Vietnamese, Cambodian, Spanish, French)."

**Nutritional charting.** The Detroit Maternity and Infant Care Project reported that "individual counseling and assessing nutrient intake using the 24-hour intake are tools used for introducing nutritional needs during pregnancy." Another tool, called "Food Frequency," is used to show improvements in nutrient intake.

**Group discussions.** The same program added that "there has been a decrease in the incidence of low hemoglobin (90%/d1) due to group discussions on the importance of iron during pregnancy for mother and baby. "Team work," it added, "has been very important in this respect. Doctors and nurses have been cooperative during the discussions on total nutrition and the formation of hemoglobin in the body." One other comment from this respondent: "Certifying clients for WIC has provided excellent motivation for changes in eating habits."

## STAFFING

In addition to trained aides and volunteers in WIC and EFNEP (described earlier), State programs also rely on other volunteers.

One county health department described an approach using volunteer paraprofessionals as nutrition educators:

> • *The Palm Beach County Paraprofessional Education Program in West Palm Beach, Florida, involves senior aides (retired persons) and other volunteers, and one staff person. The paraprofessional volunteers counsel patients individually in the clinic waiting room before appointments and give them nutrition handouts. They also inform patients of other services, such as WIC, food stamps, and breastfeeding classes (La Leche League International). A nutrition education topic is featured each month in the counseling and handouts as well as on a waiting room bulletin board. A dietitian conducts monthly inservice training sessions for the volunteers.*

## OUTREACH

Campaigns to reach needy families were reported by three WIC Program respondents:

> • *The WIC 10th Anniversary Public Awareness Campaign in Tennessee was designed "to better inform the public of services offered and program benefits." Not only was there an effort to reach eligible persons directly (media, brochures, posters), but also to contact professionals, e.g., physicians, who would be referral sources. This campaign was a part of a 4-year Tennessee Governor's Healthy Child Initiative. As a result of this campaign, "the number of prenatal and infant WIC participants increased. In addition, TV stations across the State are still using the PSAs."*
>
> • *The Texas Department of Health has four PSAs to publicize WIC. They can be used on either radio or television, are contained on one reel-to-reel tape, and come with three slides and an instruction packet.*
>
> • *The Florida WIC Program reported a statewide media campaign to inform WIC participants and the general public about proper nutrition. Three video PSAs were made and sent to every TV station in Florida. These are:*
>
> *"Bad Habit Rabbit and the Eatwell Kids," a PSA developed for preschool children. The muppet-like characters are situated in a picnic setting. The Eatwell Kids teach Bad Habit*

*Rabbit the importance of eating a variety of foods. Sweets and snack foods are presented as part of a total diet.*

*"I'm In the Mood For Healthy Food," which presents a teenage girl who has a nightmare in which she is assaulted by several larger-than-life fad diet products. After fighting off her attackers, she awakens in control. This spot is directed toward young adults, particularly young postpartum women.*

*"Get Up and Go" involves Nutri-girl, an overweight superheroine who has difficulty achieving her full potential because of extra baggage that is symbolic of obesity. After casting away her excess baggage slowly, one piece at a time, Nutri-girl changes into her superheroine costume and flies away into the night.*

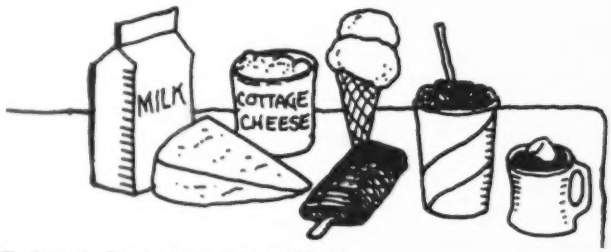
## EDUCATIONAL PROGRAMS

**State nutrition initiatives.** Many States, through their departments of health, sponsor nutrition programs that relate to pregnancy and infant care for low-income families. Most typical of those that responded to the survey were programs that assist health professionals who provide services. Nebraska, for instance, provides technical assistance to local health and community agencies, and it has developed resource materials for nutrition education and counseling in prenatal and parenting education classes.

Missouri, another good example, has established maternal and child health objectives based on the Federal health promotion objectives for 1990 and is working toward its goals through a number of programs for health professionals. Among its nutrition activities:

The Cooperative Extension Service, University of Georgia

- *A perinatal nutrition network and newsletter, providing up-to-date information to over 350 professional nutritionists, dietitians, and nurses working in prenatal and infant care;*
- *A hospital network for perinatal nutrition clinical problems to provide state-of-the-art information and clinical experience in caring for hospitalized patients with specific problems;*
- *Inservice training on the nutritional management of the high-risk pregnant woman;*
- *Development of programs for the nutritional management of diabetics and adolescents who are pregnant.*




The Cooperative Extension Service, University of Georgia

Virginia's Division of Public Health Nutrition has developed a booklet for health professionals on nutrition in pregnancy "because of outdated nutrition practices such as weight and salt restrictions still utilized by some medical personnel." Virginia, however, found that working through health professionals was not always enough. In the mountainous southwest corner of the State, the roads are poor and communication difficult; there are three counties that have no obstetricians. To reach the pregnant women in this area, the State developed five public service announcements for television. The 30-second messages address prenatal nutrition, breastfeeding, and infant nutrition.

**Local nutrition programs.** Staff from nutrition programs on the local level, not affiliated with WIC or EFNEP, responded to the survey. Most were county health departments, with special nutrition education components; others were local chapters of national organizations — the Red Cross, The Salvation Army, and Catholic Charities. Services ranged from the Red Cross nutrition course, "Better Eating for Better Health," described by the District of Columbia Chapter (see American Red Cross/DC Chapter in program listing), to a supplemental food program sponsored by Catholic Charities (see Mother and Child Nutrition Program, Chicago, Illinois). Social Services, a Salvation Army program in Kansas City, Kansas, helps low-income families prepare monthly menus and shopping lists to make food stamps last the whole month.

## EDUCATIONAL MATERIALS

Nutrition programs, according to many of the survey replies, provide a wide range of education materials (although there remains a need for easy-to-read materials). Lists of materials used were often long, and the sources were nationally known organizations. Frequently cited were the Dairy Council, the U.S. Public Health Service, the U.S. Department of Agriculture, Cornell University, Proctor and Gamble, Gerber Products, Ross Laboratories, and Mead-Johnson. State health departments have developed nutrition materials, too, and these are used by many respondents. Some programs have developed their own materials of adapted those from other sources for use with their specific target audiences.

Like State health departments, many WIC programs have developed their own materials, ranging from one-page flyers to slide-tape presentations. The Coalition's WIC reviewer observed that:

> • *There appear to be informal networks that many States and local agencies have established to reprint and adapt materials from other States. On the other hand, the needs that were stated on the survey forms were mostly in the areas of program and nutrition education materials, which suggests that more formal networks may need to be established.*

**Materials for specific ethnic/cultural groups.** A number of programs have developed materials for particular ethnic groups. The WIC Program of the Cherokee Nation of Oklahoma in Tahlequah, for example, has prepared both WIC program and nutrition education materials for Native Americans. (This program has also developed a paraprofessional education curriculum to train employees of Oklahoma WIC State agencies.) The WIC Program in Oklahoma City has translated materials into various and unusual languages — Spanish, Cambodian, Vietnamese, Hmong, Laotian, Thai, and Romanian. In New Rochelle, New York, the local program has developed Spanish and Creole materials. Other programs' materials include Spanish prenatal materials developed by the WIC program in Middletown, New York; and Spanish breastfeeding materials and other maternal and child health materials, by the WIC Program in Rhode Island.

**Lessons and curricula.** The EFNEP of Ohio State University Cooperative Extension Service in Columbus has developed an 8-month maternal nutrition calendar with 24 companion lessons. The Texas WIC Program described 37 module lessons on prenatal and postpartum nutrition containing narrative, pre- and post-tests, and usually a short audiovisual.

The EFNEP of Cornell University's Cooperative Extension Service in Ithaca, New York, described a variety of nutrition materials produced by the University.

FEEDING YOUR LITTLE ONE

**Why Doesn't Your Child Eat?**

The Cooperative Extension Service, University of Georgia

These include slide sets on "Nutrition During Pregnancy" and "Feeding Your Baby," flip charts (11″ x 17″) with the same titles, and a notebook of 12 lesson plans and handouts for teaching nutrition. Of the lesson plans, this program wrote:

> • *The colorful artwork and straightforward language make these materials easily understandable for teenage and adult audiences. The lessons will be enjoyed by those with limited-to-average reading ability. The multi-racial and ethnic character of these materials make them appropriate for a wide variety of audiences.*

A supplementary section for WIC programs contains 12 display or demonstration ideas, a lesson that relates to the WIC program and WIC food package, and dietary evaluation forms.

A curriculum on nutrition for older infants and an infant feeding guide have been developed by the Combined Health District, Montgomery County - WIC, in Dayton, Ohio.

A flipchart, "Food for You," was designed for use in small group and individual nutrition education sessions by the Florida WIC Program in Tallahassee. One of each of the five food groups is depicted on a page, with ethnic as well as typical foods representing the food group. The foods are identified in English, Spanish, and French. A corresponding pamphlet for clients to take home is also distributed.

**Easy-to-read materials.** The Columbus, Georgia EFNEP has developed three brief, large-print, illustrated leaflets on infant and child nutrition. Subjects include snacks, poor appetites, overeating, feeding children, and making meals a pleasant time. It also produced two instruction sheets for preparing infant formulas that use pictures and a minimum of words.

To teach child nutrition, coloring books have been developed by the Woodbury County Community Action Agency, WIC/Well Child program in Sioux City, Iowa.

**Newsletters.** Oklahoma University Cooperative Extension Service has developed a 3-month series of six newletters called the "Next Nine Months" to provide pregnant women with updated nutrition information for optimum prenatal care. According to the booklet describing the series:

> • *The newsletters can be used for scheduled lessons for the new mother or can be distributed by mail. Should you wish to develop an extensive program with the Health Department, a nurse, March of Dimes, La Leche League, etc., there is a list of additional resources you can use....There are two news releases and one radio spot that you can use to advertise the "Next Nine Months" series. One way of promoting the program is by using the promotional brochures. These can be placed in the physician's office for further visibility by the pregnant mother.*

**Pamphlets.** The WIC Program in Waterloo, Iowa, has produced one-page flyers on weight loss for children ("Help Your Child Grow Slim"), infant feeding schedules, and a third entitled "Protein Partners."

Other materials include: "Plan a Garden for Nutrition," a pamphlet developed by the WIC Program of the Cherokee Nation in Tahlequah, Oklahoma, and a pamphlet on breastfeeding by the WIC Program in Joplin, Missouri.

**Slide-tape programs.** The Texas WIC Program has developed seven bilingual slide-tape programs in English and Spanish specifically designed for the WIC participants in the State. One of these pubicizes the WIC program and the others demonstrate various facts about good nutrition.

## NEEDS FOR EDUCATIONAL MATERIALS

Just as the survey respondents did in every previous category, nutrition program respondents expressed needs for more free materials and for materials appropriate for low-reading levels (more pictures) and specific ethnic groups, such as Native Americans. Printed materials that teach through pictures were suggested by several respondents. The topics noted

Texas Department of Health

under needs were numerous and wide ranging, with no real consensus evident; breastfeeding, adolescent pregnancy, and obesity in infants and children were cited most often. Also mentioned: baby bottle tooth decay, smoking, drugs, lactose intolerance and calcium for pregnant women, myths concerning diet in pregnancy, infant development and infant nutritional needs, plant protein food sources, exercise and pregnancy, child safety, and recipes for low-income families. Audiovisual materials — films and slide tapes — on a variety of topics were also suggested, as well as PSAs to promote available services.

## ADVICE AND OBSERVATIONS

Eating habits do not change quickly. "Progress is slow," commented a nutritionist from the Mother-Child-Health-Nutrition Direct Counseling Program in Harrodsburg, Kentucky. "It takes months, years, to see results in a family setting." These survey respondents recommended patience and attention to the details of program planning.

> • *The time spent in needs assessment research ....is crucial for the construction of an appropriate educational program. In a rush to evaluate impact, we often neglect the monitoring of program processes. This monitoring is crucial in large-scale projects which in all likelihood will not change behavior in the short term, advised the EFNEP Breastfeeding Education Program.(Basics of Breastfeeding, Ithaca, New York)*

And concerning evaluation and personnel, "have surveillance in place before starting a program. Have

good field people to work with the public," wrote the Southeast Region Nutrition Services in Chattanooga, Tennessee. As in other areas, respondents cited the need to coordinate all community agencies' resources. "The coalition approach works best," said the Commodity Supplemental Food Program in New Orleans.

Other observations offered by respondents included:

- *Participants do not consider printed material as an information source. Interaction between teacher and students is most effective. (WIC Program, Lawrenceburg, Indiana)*
- *Active participation of students relating information to their personal experience is effective. (WIC Program, Adrian, Michigan)*
- *Printed testimonials from mothers who have participated in a program could provide encouragement to others. (WIC Program, Sauk Rapids, Minnesota)*
- *Group education is most effective when covering education material, but time set aside for individual contacts is very valuable for discussing problems and referring to other agencies. Also some clients are very shy in group settings and will not ask questions. (PPAMV — WIC Program, Utica, New York)*
- *Work with other agencies. Joint development increases quality and usage. It's important that we all give the same message to mothers. (EFNEP — University of Hawaii Cooperative Extension, Honolulu, Hawaii)*
- *Regular Extension programming for expectant parents has been successful when programs were planned by local groups including representatives from related medical groups and agencies. (Texas Agricultural Extension Service, College Station, Texas)*
- *The entire family should be provided information — not just the mother and child. (WIC Program, Pleasanton, Texas)*
- *Any poster or printed material should have a lot of pictures. The reading level should be 6th grade or below. Pamphlets should be one page long. The Healthy Mothers, Healthy Babies cards are wonderful. (WIC Program — South End CHC, Boston, Massachusetts)*
- *Survey needs and interests of clients. Make it fun! (Columbus, Ohio, Department of Health)*
- *Group discussions are as important as individual counseling. It is a good method to communicate with all clients. Depend on your medical and professional team to help motivate your client. Be sure to include your social worker. (Detroit Memorial Hospital, Detroit, Michigan)*

The Cooperative Extension Service
University of Georgia

**BABY DAY AT A WIC CLINIC**

**To celebrate the 10th anniversary of the WIC Program, the Jefferson Comprehensive Health Center, Nutritional/WIC Services, in Fayette, Mississippi, sponsored a special "Baby Day." Mothers with infants under 7 months old were invited to the Center for fun, food, infant exams, and nutrition education.**

**Here are some excerpts from this program's booklet describing Baby Day:**

***Upon entering the Center, a colorful standing clown clutched a sign with the caption, "Hi Kids" to greet the participants. Mounted on the front entrance wall was a colorful blue umbrella on which large letters cut in pink spelled out "Welcome to Baby Day." A long table covered with blue was placed in front of the welcome scene. The table held a wide assortment of educational materials, and...gift packs....As the participants waited in the attractively decorated hall, demonstrations and film viewing were conducted at various intervals throughout the day....While engaged in these sessions, the parent along with the infant would be singly called into the nutrition department. In the inner office, the infant's anthrometric measurements were taken and a growth chart plotted and evaluated and counseling was provided....Parents at this time were issued a number to be used later for the drawing of a prize....Once the infant's parent had taken part in all of the activities, she was guided to the main patient waiting room. While waiting to be called by the nurse, the parent had the pleasure of viewing a few short video tapes. (Projector and tapes were both complimentary from Ross Laboratories.) Throughout the day, special prizes were awarded....To capture the day long activities, pictures were taken throughout the day by two volunteer staff employees and the local newspaper....The resultant publicity encouraged other needy mothers in the area to come and enroll in the WIC Program.***

# 9
# Substance Use During Pregnancy

The majority of the 45 programs responding to the survey that specifically address substance abuse during pregnancy focus on education and prevention. They seek, through a variety of methods, to raise awareness of the devastating effects of alcohol and tobacco on the unborn child, and are targeted to the general public and health professionals, as well as to pregnant women. This chapter is organized to reflect the two categories of program responses; alcohol and pregnancy and smoking and pregnancy. Little mention was made of drug abuse in survey responses.

## ALCOHOL AND PREGNANCY

Respondents working in alcohol education programs describe their programs as broad-based often featuring educational programs for elementary and secondary school students as well as community groups. A few are actively involved in identifying, referring or treating, and following up with the alcohol-abusing pregnant woman, but these treatment components tend to be the exception rather than the rule. For the most part, the programs focus on awareness-building through a variety of activities.

The broad-based programs generally rely on State funding. In fact, for a number of them, overall coordination is provided at the State level, such as Georgia's Fetal Alcohol Syndrome Task Force, operated by the Georgia Department of Human Resources. Responsibility for Ohio's "Thanks, Mom for Not Drinking Alcohol During Pregnancy" public information campaign is shared by the State Bureau of Maternal and Child Health and the Bureau on Alcohol Abuse and Alcoholism Recovery. In some cases, State funding is provided to a local organization that operates a major, even statewide effort. Examples are Nebraska's Fetal Alcohol Syndrome Prevention Program run by the Lincoln Council on Alcoholism and Drugs, Inc., and the New River Mental Health Center in Boone, North Carolina, which operates a five-county prevention program with State funds. Large programs that offer an array of services and attempt to reach many people through a variety of outreach efforts must rely to a great extent on public funds for their operation. These programs frequently receive additional support from service organizations, such as United Way or March of Dimes.

Many print and audiovisual materials on fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE) have been created at national (i.e., National Institute of Alcoholism and Alcohol Abuse) and State levels, and by voluntary organizations such as the March of Dimes. While some programs use already-existing materials, most also create their own more individualized publications to incorporate a campaign theme or logo, or to serve a special population. The Alaska Council on Prevention of Alcohol and Drug Abuse, for example, has created prevention-focused materials in native Alaskan dialects. Because many programs seek to educate lay persons — including adolescents — about alcohol-related birth defects through curricula and presentations, films aimed at general audiences play an important role. However, the need for materials aimed at specific audiences was cited by a number of program respondents. Without exception, materials included with survey responses emphasized that pregnant women should abstain from drinking during pregnancy. As stated earlier, few programs were specifically targeted at detection and referral of alcohol-abusing pregnant women, though many seek to inculcate health professionals with the skills to do so. Samples of program activities appear below:

**Public education efforts.** Schools, churches, and community groups are the targets of educational outreach efforts described by survey respondents. For example:

- *The Florence County Commission of Alcohol and Drug Abuse in Florence, South Carolina, distributes alcohol materials at health fairs, including a college alcohol fair, and makes presentations to church groups.*
- *The Fetal Alcohol Syndrome Prevention Effort in Indianapolis, Indiana, plans a public awareness campaign using Public Service Announcements (PSAs) and various print materials. Counseling and support groups through*

*Planned Parenthood prenatal clinics are planned, also.*

- *The New River Mental Health Center in Boone, North Carolina, provides programs, films, and printed materials for 9th-grade students. It also distributes information at prenatal clinics.*
- *The Cobb-Douglas Mental Health Center in Austell, Georgia, makes presentations on FAS and FAE to community agencies, organizations, and service groups and distributes literature to such groups.*
- *The Alcoholism Council in Cos Cob, Connecticut, gives a class on FAS for 10th, 11th, and 12th graders as part of an alcohol education program in the schools.*

**Professional education efforts.** Other alcohol awareness programs focus their efforts on health professionals:

- *The Tidewater Council on Alcoholism in Norfolk, Virginia, makes presentations to nursing schools on FAS, alcoholism, and malnutrition.*
- *To reach local physicians and nurses, the New River Medical Health Center in Boone, North Carolina, has organized a seminar through The Bowman Gray School of Medicine on "Alcohol: Effects on the Fetus."*
- *The Green County Alcohol Information and Referral Center in Catskill, New York gives workshops for teachers and public agencies.*

**Intervention efforts.** One survey respondent described a comprehensive statewide program that includes both education and intervention components.

- *The Lincoln Council on Alcoholism and Drugs, Inc., a nonprofit local affiliate of the National Council on Alcoholism, has operated the FAS Prevention Program since October, 1984, in a 16-county area in Southeast Nebraska. Funding for the program has been provided by the Governor's Planning Council on Developmental Disabilities, located within the Nebraska State Department of Health. The overall program is coordinated by an advisory board comprised of representatives from local and State-level human services.*

  *According to the Program Coordinator, "the ultimate aims of the program are to reduce the number of new cases of Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effects (FAE), as well as to assist those children and families already affected, and to create an awareness and acceptance that consumption of alcohol during pregnancy can have deleterious effects on the fetus."*

  *The program incorporates a comprehensive approach, which includes the following components:*

  Primary Prevention Activities *targeting low- and moderate-risk women, and consisting of teacher training, public information efforts (television and radio PSAs and programs, press releases, and the development of brochures, fact sheets, and newsletters), and professional education. Professional education efforts include community level workshops, perinatal Grand Rounds with keynote physicians, packets of information for physicians, and consultation with nursing schools on curriculum revision.*

  Secondary Prevention Components *consist of professional training and consultation to health and other human services workers. Training focuses on identification of high-risk (alcohol/drug abusing) women of childbearing ages, and counseling techniques. The FAS Prevention Program has developed a screening questionnaire for use in training and health care settings. The form is also used to facilitate the project's data collection efforts on alcohol use patterns by pregnant women.*

  Tertiary Prevention Efforts *focus on high-risk populations, and consist of providing referral information and guidance to alcohol-abusing women and affected children. Directories of local resources serving alcohol-abusing women* and *those providing diagnostic evaluations to affected children have been developed. Plans are underway to develop support groups for women with FAS/FAE children.*

  *The program has routinely conducted several ongoing evaluation activities since its inception. These include assessment of training sessions for health and other professionals; collection of data concerning the public's knowledge about the effects of alcohol use during pregnancy; and administration of a pre- and post-test survey to pregnant women concerning alcohol's effects on the fetus.*

## SMOKING AND PREGNANCY

Smoking programs, like alcohol programs, emphasized prevention and education, rather than active intervention programs. Most survey responses in this category came from local chapters of the American Lung Association (ALA). These chapters distribute their Smoking and Pregnancy Kit for health care providers. Developed by the national ALA office, the professionals kit includes a take-home kit for pregnant women. Several local health agencies also described

smoking education programs involving patient counseling and educational literature. Funded primarily by State and local governments and, in the case of the ALA chapters, their own organization's budget supplemented by donations from local businesses, these programs are centered in health care facilities — such as doctor's offices and clinics — and are aimed at pregnant women in general, including, but not limited to, those with low incomes.

**Smoking education materials.** Patient counseling materials and handouts for the pregnant woman are the most common elements of the programs — ALA and others — responding to the survey. The ALA materials consist of a kit for health care providers containing a handbook on counseling, a flip-chart, a tent card, posters, and an article. A smaller packet of information for the patient (available in English and Spanish) is included and consists of two pamphlets: one focuses on the dangers of smoking to the fetus; and the other addresses typical rationalizations smokers present to health care providers. Other programs mentioned using materials from the American Cancer Society,the American Heart Association, and the March of Dimes.

**Outreach.** Using and in some cases adapting these materials, several survey respondents reported special outreach efforts directed to low-income women.

- *The District of Columbia Lung Association (see Smoking and Pregnancy, Washington, D.C., in program listing) adapted ALA materials to develop its own question-and-answer brochure, "Special Information for the D.C. Mother to Be." This program also coordinated "a demonstration project for pregnant black women of low SES at selected prenatal counseling centers in order to develop an effective and replicable antismoking intervention for this audience." It also held smoking education programs for pregnant teenagers.*
- *The South Dakota Lung Association (Smoking and Pregnancy, Sioux Falls, South Dakota) adapted one of the standard ALA posters, reproducing it with an Indian mother and baby to appeal to the Native Americans in the State.*
- *The Wisconsin Lung Association (Breathing for Two, Milwaukee, Wisconsin) adapted ALA "Smoking and Pregnancy" materials for a high school audience. The same program obtained Federal block grant monies for extensive distribution of ALA materials to city and county health departments, WIC sites, social service agencies, and primary care centers.*
- *The American Lung Association of Sacramento (Smoking and Pregnancy, Sacramento, California) has worked with teen clinics, schools, and hospitals. It is seeking funds to implement a program at the local county hospital.*
- *The Inter-Agency Anti-Smoking Program with Pregnant Women in Los Angeles has trained WIC staff to conduct antismoking sessions with the goal of decreasing both prenatal and postpartum smoking among low-income women.*

**Smoking cessation.** Two programs reported concerted smoking cessation efforts involving several intervention strategies.

- *The Smoking Cessation Program for Prenatals in Anderson, South Carolina, described a multifaceted effort to get its pregnant patients to quit. "Statistics show that 42 percent of our Oconee Health Department patients smoked 11 or more cigarettes daily. With that fact in mind, an inservice for nursing staff was given... "All new patients now attend a substance abuse session where alcohol, cigarettes, and drugs are discussed. The excellent 10-minute film, "It's Up to Me," which the March of Dimes produced, is used to initiate the class. Patients are then interviewed by the nurse using the Patient Flowchart and Smoking Record which staff developed in conjunction with the Lung Association. If patients are interested in quitting, the (ALA) Kit for Pregnant Women is shared. Smokers are then classified by a checklist as to smoking type such as habit, tension reduction, etc. Depending on what type of smoker they are found to be, an objective for the period between visits is agreed upon...and written on the Patient Flowsheet Form. On subsequent visits, progress is recorded again on the form. When smokers quit, they are rewarded with a baby's shirt printed by local merchants which reads, "My Mom Quit Smoking Because She Loves Me."*
- *The Detroit Health Department's Health Education Risk Reduction (HERR) Program primarily aims to reduce smoking among minority female adolescents and young adults. Targeted at clients in the Health Department's family planning, prenatal and postnatal, and gynecological clinics, intervention strategies include peer pressure resistance, coping mechanisms, and stress reduction. Clients who do not smoke are assigned to programs which reinforce positive healthy behaviors. Between 1980 and 1984, 583 smokers entered the program. Of these, 109 or 18.6 percent stopped smoking. Among nonsmokers and nondrinkers, the program was 100 percent successful in preventing onset of smoking and drinking. More evidence of success: the fetal death ratio of HERR clients was 4.8 per 1,000 live births versus 9.0 per 1,000 for the city of Detroit in general.*

## OUTPATIENT TREATMENT FOR SUBSTANCE ABUSE

The Hutzel Hospital Substance Abuse Program for Women in Detroit is designed to treat women who have problems with all substances, including illegal drugs. One of only six such programs in the country, it treats women in the Detroit area but provides information to people throughout the United States. The following description was included with the program's survey response:

> • *Pregnancy and addiction are verified and fully documented, establishing the initial goals of treatment....Besides direct counseling services, the social workers intercede on patient's behalf with landlords, probation officers, the judicial system....Educational groups are available for the new patient, and, in effect, are a required part of program expectations. In the last trimester of pregnancy, one of the nurses provides birth preparation on an individual basis or, if several women are involved, a group is provided....When a patient's baby is born....a 12-week, group modality deals with parenting, the emotional component of substance abuse, and relationship issues.*

## NEEDS FOR EDUCATIONAL MATERIALS

Materials and programs for specific audiences, including (the support role of) the partner, were the needs most frequently cited by these survey respondents. Translated materials and materials, especially audiovisuals, for low reading levels; materials aimed at pregnant adolescents; and materials for minorities were mentioned. Programs with appropriate learning experiences and meaningful incentives for non-urban audiences are also needed, according to these respondents, as well as educational materials of all kinds addressing drug use and pregnancy.

## ADVICE AND OBSERVATIONS

Most of the good advice from respondents to those interested in starting up similar programs can be summarized in a quote from one provider, "Education is the key to success." Education often focuses on two separate populations — professionals and the general public. Advice on educating professional groups includes the following:

> • *Be sure to go further than simply encouraging professionals to educate women about FAS/FAE. They need to know how to* refer and follow up on *pregnant women who they suspect are abusing alcohol, as otherwise these women are not likely to get to treatment. Therefore, it is important to conduct professional education programs* first. *(Ohio Department of Health, Bureau of Alcohol Abuse and Alcoholism Recovery, Columbus, Ohio)*
>
> • *Pregnant women are very interested in fetal development and, therefore, motivated to learn and change behavior. It is important that clinic staff reinforce the written information given to patients with verbal messages. (Health Education/Health Promotion Project, Cincinnati, Ohio)*
>
> • *When developing program components, try to narrow the focus to specific target groups or women. Also, any FAS education and prevention effort should include information on women's use of alcohol. (Lincoln Council on Alcoholism and Drugs, Inc., Lincoln, Nebraska)*
>
> • *Before implementing any program develop an evaluation method....Budget funds or solicit funding to provide free materials to individuals and facilities; obtain massive media support to aid in promotion. (Smoking and Pregnancy Program, Charleston, West Virginia)*

Two other complementary suggestions from respondents concerned organizational considerations. One respondent recommended that efforts harness and coordinate both the variety of *State* and *local* efforts that exist (taking into account all of the alcohol/drug, maternal/child health, *and* developmental disabilities resources, where possible). Another advised that any multicomponent FAS effort requires a pivotal, central office specially funded for this purpose, which can take responsibility for overall coordination, materials dissemination, and technical assistance.

Suggestions for public education programs included:

> • *Provide information at community health fairs and at college-level alcohol awareness activities. (Florence County Commission on Alcohol and Drug Abuse, Florence, South Carolina)*
>
> • *Take into account the fact that, for low-income women, "Smoking may be one of the few pleasures they can obtain on a daily basis." (Smoking and Pregnancy, Richmond, Virginia)*
>
> • *"Networking with health professionals having 'hands-on' experience with the various populations in the prenatal counseling programs is the key to successful endeavors, together with feedback from the individuals being counseled on presentations and materials used and suggestions for improvements." (Smoking and Pregnancy, Washington, D.C.)*
>
> • *"Through educational programs, PSAs, newspaper articles, and films the community's awareness of FAS prevention is working, because over the years we* keep repeating *the message." (New River Mental Health Center, Boone, North Carolina)*
>
> • *Contact local ALA offices to determine information specific to a certain region such as estimates of the number of pregnant smokers. (Smoking and Pregnancy, Richmond, Virginia)*

# 10
# Rural Populations

In rural areas of the country, places as diverse as Appalachia and southern California, northern Michigan and the Southwest, health care providers face similar problems. Usually based in primary care clinics, these 36 survey respondents — physicians, physician assistants, nurse practitioners, and health educators — share the problems posed by a shortage of medical personnel, a clientele spread over several counties, and poor transportation. "Our nearly 9,000 population is scattered. We have no hospital in the county, one MD and 2 DOs (near retirement) and one DO in his 30s," wrote the Daviess County Health Department in Gallatin, Missouri. Above all, according to those that responded to the survey, these programs face problems of communication with their patients because of language or cultural barriers.

The shortage of health personnel is the *raison d'etre* for many of these programs. Established in medically underserved areas, they often received Federal funding channelled through the community health or migrant health programs. They offer primary health care, including but not limited to maternal and child health, to clients of all ages living in their areas.

## SERVICES AND STRATEGIES

Some rural clinics reported special maternal and child services within broader programs. The Perinatal Program of the Northern Sacramento Valley Rural Health Project (NSVRHP) in Olivehurst, California, is a good example:

> • *The NSVRHP Perinatal Program provides access to comprehensive maternal and child health care. Our services are available to all expectant mothers including the medically indigent, those with cultural barriers, those who have need for extra counseling, and other underserved mothers....Through early identification and increasing the comprehensiveness of the prenatal care, we hope to help prevent prematurity and the incidence of low birth weight babies.*

Rural clinics have devised various means for reaching and caring for their clientele who may live far from the clinic and may not have access to transportation. In some rural programs, visits to the clients' homes provide follow-up to clinic visits and an opportunity for counseling. Many rural patients live far from the clinics serving them and do not have access to public transportation. Other rural clinics, such as that of the Charles City County Health Department in Charles City, Virginia, provide transportation to and from clinic appointments.

## STAFFING

**Use of allied health personnel and medical-health teams.** Several survey respondents mentioned use of a team of health care providers. Teams may consist of one full-time physician assistant and a part-time physician, as in the Truchas Clinic in Truchas, New Mexico, or of a physician, nurse practitioner, nutritionist, pharmacist, and health educator as in the Community Health Clinics of Nampa, Idaho. The Matthew Walker Center in Nashville, Tennessee, wrote, "A team approach of an obstetrician/gynecologist, pediatrician, geneticist, nutritionist, and social worker makes a perfect combination." Other health personnel mentioned by survey respondents included nurse-midwives and community peer counselors.

**Peer Counselors.** Many respondents use local women trained in outreach to help cope with problems of communication. Two programs that recruit peer counselors from the community are:

> • *The Northwest Michigan Health Services, Migrant Health Patients Program in Traverse City, Michigan, has used a State grant to hire a peer advocate, "someone who came from the bicultural migrant life experience but who had acculturated into the host community." The peer advocate is paired with a health educator and together they interview each prenatal client at the clinic and visit her at the migrant camp. The pair also visits each client at the*

*hospital at the time of delivery and later makes a postpartum visit to the camp, if possible. With this approach the number of newborns requiring intensive care has decreased and breastfeeding has increased dramatically. In addition, stereotypes on both sides have been broken down and appreciation — of the migrant workers for the clinic and of the staff for the migrant culture — has increased. For the 1985 migrant farm worker season, the program has received assistance from medical students placed by the American Medical Students Association with Federal funding. They report that "pre-clinical medical students are generally well motivated and, with direction and supervision, can provide a great amount of quality information and guidance for our clients."*

• *The Maternal Infant Health Outreach Worker Project (MIHOW) is a network of outreach workers in three states: Tennessee, Kentucky, and West Virginia. With funding from the Ford and Robert Wood Johnson Foundations, this project has trained women from the communities to make home visits to pregnant women and infants under the age of 2. Working with support groups and maintaining a linkage between providers and clients is also the role of these "natural helpers." The women receive 1 day of training each month in health issues, child development, home visits, group work, parenting skills, and record keeping. An experienced outreach worker accompanies them on their initial visits, then meets with them regularly to discuss progress and problems. Evaluation is an ongoing part of this program; data is collected regularly by the peer counselors and will be compared with data from a baseline survey conducted in 1983. Preliminary results show significant increases in breastfeeding, use of prenatal care, and other health indices.*

**Staff burnout.** Burnout is a problem faced by the Maternal Infant Health Outreach Workers (MIHOW) in Nashville. Its 1985 Progress Report describes the problem vividly:

• *As health providers who visit clients in their homes (the workers) confront the day-to-day reality of people living in housing that is crowded, cold in winter, and hot in summer. Many of the people they serve are not able to feed their families as the end of the month approaches. Child abuse, spouse abuse, neglect, depression, and fear are seen by the professional MIHOWS regularly.*

The report goes on to describe ways of dealing with this job-related stress:

• *We have structured bimonthly group training sessions as one way to relieve the stress of the work as well as to provide formal training. However, the on-site involvement of three to four natural helpers (peer counselors) who approach the MIHOW project with new excitement and energy, has proven to be the best antidote.*

## OUTREACH

The most difficult obstacle health professionals serving rural Americans confront is communication. Distance, as was mentioned previously, makes it difficult for clients to reach health care facilities and, at the same time, health care workers find it difficult to find either the time or money for going to their prospective patients. Differences in lifestyle and cultural outlook pose yet another problem. Well aware of the challenges they face, survey respondents emphasized that they have found solutions that work:

**Public awareness.** Word-of-mouth was the most frequently mentioned means of letting clients know health care services are available. Some respondents advertise their services on local radio and television services, while others rely on civic and church groups to spread the word. Community settings, such as schools, recreational facilities, and health fairs are also good sites for promoting awareness of medical services. Sending clinic staff to schools and community gatherings is a strategy one program uses.

**Networking.** Coordination with other groups is an essential element in program success, according to many respondents. "Networking on a local grass roots level is what makes it work," commented the Sarasota County Migrant Health Service in Sarasota, Florida; its primary care program is coordinated with the county's public health agency. The concept of networking was endorsed by the Sterling Area Health Project in Sterling, Michigan, which organized a community task force specifically to improve the outcome of pregnancies among the rural, low-income population of northern Michigan. Community groups coordinate prenatal classes, post-delivery educational programs, school reproductive health classes, and increased accessibility for low-income women to prenatal and related services.

• *"Many communities," wrote this program's director, "have resources/services in this area but few tackle the problem with full community support. The task force format fully overcame this problem and resulted in active community support and full participation by the target group."*

## NEEDS FOR EDUCATIONAL MATERIALS

Most survey respondents indicated needs related to their predominant problem — improving communication. The need for culturally relevant materials was foremost: "more in Spanish with Spanish faces;" "we need birth control and sex education material appropriate for use in southern Black churches;" "materials developed specifically to address the health problems of migrant farmers." These quotes represent the message repeated in many survey responses. Other respondents requested up-to-date childbirth films; low-cost audiovisual materials; and short waiting room cassettes on prenatal subjects. The Rural Infant Care Program in Oklahoma response summed up the problem:

> • *A wealth of patient education materials exists. The challenge is finding those that fit your target group. What is missing is an easy-to-follow guide that teaches how to select materials for the population targeted.*

Other needs mentioned by rural programs were logistical: help with transportation and ways to reduce waiting room time; access to more services. Migrant programs said that they need ways to recruit staff on a seasonal basis and to respond to unpredictable health needs and caseloads.

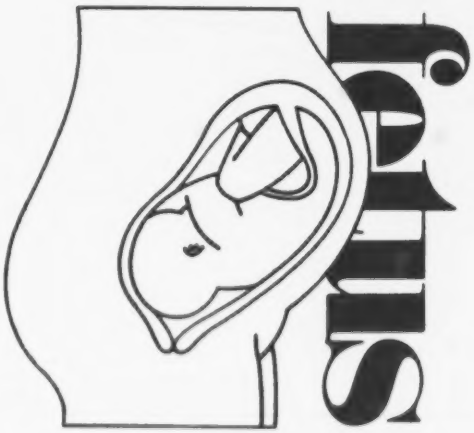
## ADVICE AND OBSERVATIONS

The two most often mentioned pieces of advice for other programs were the need to involve the community and the need to understand the client. Clinics found that communicating with other community services and coordinating services offered reduced duplication, increased community cooperation, and expanded services available to their clients.

Understanding the population served, including their needs and attitudes, was also seen as critical. One clinic suggested including members of the population in planning services and carrying out programs. Many recommended the use of peer counselors, the use of simple, attractive visual materials, and materials or instruction especially prepared for low-income populations.

**FETUS®: A Game to Promote Good Health**

**This is one playing card used in the game Fetus ® developed by the Hudson Head Waters Health Network, North Creek, New York, for use with their prenatal self-help group. The winner of the most games over a 4-month period will receive a (donated) layette. For more information on this game, which is copyrighted, contact Shirley Andersen, Hudson Headwaters Health Network, Box 137, North Creek, NY 12853.**




A game to promote good health.

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# 11
# Native Americans

Forming a small but distinct category, these 36 survey responses came primarily from programs sponsored by the Indian Health Service (IHS), a system of care different from that available to other low-income women. These services for American Indians and Alaskan Natives are based in clinics which for the most part have been established and funded by the IHS (a part of the U.S. Public Health Service). Only a few respondents cited other Federal and non-Federal sources of funds, such as Native corporations.

## SERVICES AND STRATEGIES

Most survey respondents provide basic clinic services, and some offer prenatal or postnatal classes. But many also offer one-to-one counseling in homes because of the problem of distance and because their clients tend to be reticent in group situations. A good example of these programs is the Prenatal Clinic in Lodge Grass, Montana. With the goal of improved pregnancy outcome for Native American mothers and infants, the program includes:

- Regular prenatal clinic visits with exam by physician;
- Education provided by a community health nurse, clinic nurse, and nutritionist;
- Education and follow-up in home by community health nurse during prenatal and postnatal period;
- Referral to WIC program on site, available same day as prenatal clinic;
- Prenatal questionnaire given by community health representative prior to first prenatal visit;
- Postnatal questionnaire completed at WIC visit if client is on WIC program;
- Referral to community health nurse if prenatal client doesn't attend the prenatal clinic; a home visit is made, and the client is encouraged to attend the clinic.

In addition to clinics and home visits, survey respondents have devised various ways to attract clients and make their programs meaningful to their Native American clients. The Montana clinic described above has developed prenatal and postnatal questionnaires to identify each client's educational needs. Other special services described by survey respondents include these:

**Single mother support group.** The Indian Health Care Resource Center in Tulsa, Oklahoma has started support groups such as "Baby's Lib" for its large number of single mothers. This strategy, combined with home and community outreach, appears to be working:

> • *When we began prenatal care in 1977, 80 percent of the pregnant women were presenting themselves at the end of the third trimester or in labor. In 1978-1980 it was reduced to the second trimester. By 1982, (women were) coming in for pregnancy tests.*

**Environmental health services.** In addition to the direct health services, the Navajo Area Indian Health Service, Office of Environmental Health (OEH), has been instrumental in developing safe water supplies and waste disposal systems across the reservation. There has been a significant reduction in infant deaths due to diarrhea and gastroenteritis as a result. OEH is presently developing a safety and injury control program (infant car seat program in place) at all service areas.

## STAFFING

Knowledge of and sensitivity to client cultural and social patterns is inevitably an important factor in the success of maternal-child health programs serving minorities. Health workers from the community seem to contribute to program effectiveness.

The San Francisco Perinatal Program seeks to staff its program with Native Americans:

> • *Cultural appropriateness and sensitivity is critical to the success of a program which serves a special (i.e., minority) population. As much as possible, staff is recruited who are of Indian heritage and who have experience with urban Indian clients. Materials and approaches to*

*care are sensitive to Indian culture whenever possible. We utilize other Indian agencies and participate in their programs as much as possible.*

Another program called Healthy Mother, Healthy Baby in Saskatoon, Saskatchewan, reported a similar approach:

> • *The contribution of the Native health workers to the program's success has proven to be invaluable. In the past, the Health Unit's conventional prenatal services were unable to attract Native women. Services were not considered accessible or acceptable to Native women and the groups and agencies representing these women were not comfortable in making referrals. Healthy Mother, Healthy Baby made available culturally appropriate counselors to provide support and education to Native women in pregnancy. It is the existence of the Native health workers that has secured program acceptance within the Native community.*

## OUTREACH

The San Francisco Perinatal Program is actively involved in recruitment of patients:

> • *Perhaps the most unique feature of the program is our outreach component. Extensive community involvement to recruit patients includes participation in community events... presentations. Patient follow-up is also extensive, with staff phoning, writing, and making home visits to noncompliant patients, and much effort made to inidivdualize all aspects of care. Reports this respondent, "We have observed a higher percentage of timely entry to care and compliance to appointment schedules than expected."*

## EDUCATIONAL PROGRAMS

**Classes combined with clinics.** The Keams Canyon Public Health Service Hospital reported that it gives 30-minute prenatal classes before each prenatal clinic, presented by volunteer childbirth educators who live on the reservation. A similar parenting class has recently been started before the well baby clinic. The advantage of this program, wrote this respondent, is having a captive audience; the disadvantage is the short amount of time for the class and a lack of money for educational materials. As evidence of the strategy's success:

> • *A small number of women have approached the 'teachers' for more individualized discussion. This is a major accomplishment. Some women have asked one of the teachers to help at their birth as a labor support person.*

Other respondents confirmed that classes and other special attention often encouraged patients to begin asking for individual counseling.

## NEEDS FOR EDUCATIONAL MATERIALS

Culturally relevant, simply written, large-print materials were the need most often cited by respondents associated with Native American women and men. Specialized materials are needed for single parents and for men who need information about family planning. Some of the topics respondents mentioned are: parenting and bonding; nutrition, including information on the basic four food groups, and infant feeding; breastfeeding; Fetal Alcohol Syndrome; and diabetes.

The Public Health Service Indian Hospital in Albuquerque, New Mexico, and the Indian Health Center, Wewoka, Oklahoma, have produced audiovisuals to reinforce their messages and promote better nutrition, but survey respondents emphasize that funding constraints limit their access to materials that are available.

Acknowledging that producing tribe-specific materials would be difficult and prohibitively expensive, one respondent suggested that professional education materials for those working with Native Americans, especially information focusing on motivating clients and offering practical suggestions, would be extremely useful.

## ADVICE AND OBSERVATIONS

The Milwaukee Indian Health Board offered this advice to others:

> • *Prior to planning and implementing new programs, there definitely has to be an assessed and expressed need...You will meet with greater success if a survey/questionnaire form is circulated to targeted populations and you formulate programs based on the feedback ....Do a lot of networking to avoid duplication...*

Other programs echoed their advice and offered these suggestions:

> • *Have a mental health counselor teach a parenting class in conjunction with a pediatrician. Dedicate one entire session with the pediatrician to parents' questions. (Little Boston Klallam Health Center, Family Practice, Kingston, Washington)*
>
> • *Repetition is the mother of learning but even in repeating use different audiovisual aids and have a different approach. Analogies work very*

*well. Demonstrations, slides, pictures, experiments make it real. (Indian Health Center, Wewoka, Oklahoma)*

- *Use food models and slides of foods to teach nutrition. (PHS Indian Hospital, Albuquerque, New Mexico)*
- *With a more vigorous insistence by physicians to attend an appropriate group/class, our client participation level has increased noticeably. (Milwaukee Indian Health Board, Milwaukee, Wisconsin)*
- *We give them a card to get in touch with us (in addition to) home visits. Working closely with the client and showing that we care has made our program a success. (Carl Albert Indian Health Facility, Ada, Oklahoma)*
- *Establishing college credit for training has helped make it more attractive for students. (Alaska Area Native Health Service, Anchorage, Alaska)*

Indian Health Service, Public Health Service

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# 12
# Adolescent Pregnancy

Adolescent pregnancy is a widespread and growing problem, and virtually every category of this compendium includes programs that assist teens. But programs that focus exclusively on pregnant teenagers and teenage parents also responded to the survey in large numbers. These 174 respondents pointed to statistics showing that teenage mothers and their infants face a greater risk of health complications and are less likely to receive care than women over 20. They emphasized the psychosocial problems that exacerbate, almost overshadow, the health risks of teenage pregnancy. Teen mothers, they said, are more likely not to finish school, to be unemployed, to be neglectful or abusive parents, and to commit suicide.

Repeatedly respondents stressed the importance of building the teen's self-esteem and positive self-image. They wrote convincingly and with compassion of their clients' need for support and a trusting relationship with an adult. Here is an extract from the program description of Child and Family Health Services in Cincinnati, Ohio:

> • *These young parents are still children themselves. They need all the support and reassurance that adults can offer in order to see that they come through the experience of pregnancy, delivery, and total readjustment. These teenage parents have some hope that they will be able to go on toward successful adulthood and productive living. Special counselors need to be able to give caring, love, compassion, and understanding to help teenage mothers avoid being trapped into permanent defeat or total punishment long before they can be expected to cope.*

Another respondent, The Area Service Association in Hazel Park, Michigan, offered this analysis of the challenge facing adolescent pregnancy programs:

> • *An increase in the birth rate for this population and the lack of intensive and coordinated support services have caused the need....Our assessment for this population is that the mother and her child will become permanently disadvantaged and dependent upon public assistance (95 percent of our clients are receiving AFDC). They are physically, socially, and economically isolated and lack positive life experience. They have no basis to become parents, lack any type of future orientation, and will ultimately continue a pattern of failure. They are not involved in other programs or services as they are most often school dropouts and standard social service outreach efforts are totally lacking.*

Funding for adolescent pregnancy programs is provided most often, according to the survey, by State and local governments followed closely by "agency/organization budget." TOPPS (Teen-Obstetrical-Perinatal-Parenting Services), part of a clinic sponsored by the University of Arkansas Obstetrics/Gynecology Department in Little Rock, is typical of a program funded by its parent organization, showing how "at least some sort of program can be done without extramural funding within an existing program by rearranging scheduling of patients and locating personnel with a special interest in working with adolescents." (See the description of this program under *Peer Settings*). Programs also cited Federal funding and foundation funding, in approximately equal numbers, but these were a definite minority. Voluntary organizations, such as the National Urban League, the United Way, and the Salvation Army provide funding for some programs.

Programs responding to the survey form several groups: school programs, clinic or hospital programs, residential programs and other approaches.

## SERVICES AND STRATEGIES: SCHOOL PROGRAMS

Keeping pregnant teens and teen mothers in school was a prime goal of many survey respondents. Various strategies are employed from providing part-time counselors to offering completely separate programs. Special classes in the public schools may combine prenatal and parenting education with regular academic subjects.

**Mainstreaming.** Providing free day care and transportation while teen parents attend a regular school is the approach taken by two respondents:

> • *The School-Age Parent Program in Ypsilanti, Michigan, provides a "support system to help pregnant adolescents and school-age parents remain in school and graduate." The regular school program is supplemented by a special prenatal and parenting skills class. This program reported some evidence of success: "Unlike the national average of dropouts of pregnant students which is 80 percent, our dropout rate is only 20 percent. In addition we have had no low-birthweight babies or infant complications among the students who remain in school and take the special class." In favor of mainstreaming, this respondent added, "It does not isolate the pregnant students from their peers and allows them to take a wide variety of classes. In addition, the developmental tasks of adolescence are more easily achieved by being in a regular high school."*

> • *The Young Families Program in Billings, Montana, allows teen parents to spend half their day at a special center and half in a regular school. "The school-age parent is able to bring her/his child to the Parenting Center by 7:30 a.m. The parent can then remain at the center for periods 1, 2, 3 of the school day. During that time, the student will experience such activities as parenting classes, group and individual counseling, self-esteem activities, health care instruction, and supervised time with her/his child. At the end of the third period, the students will be transported to their home junior or senior high school for lunch and academic periods 4, 5, 6....The schedule which the teenage parents will follow parallels that of students attending the Career Center. Thus, it will not seem unusual for the teenage parents to be out of their home schools for part of the day. At the end of the school day, the young parents will be transported to the Parenting Center to pick up their infants. The parents will be responsible for their own transportation between the Parenting Center and their homes....it is predicted that the normalization model which the Young Families Program has chosen will have the important advantages of (1) keeping teenage parents in the educational and social mainstream, (2) providing more educational opportunities for teenage parents than alternative schooling can provide, (3) providing high-quality day care for the infants, and (4) providing parenting instruction in a natural setting.*

**ADOLESCENT PREGNANCY**

**The basic struggle of each teenager is the same as for people everywhere; she needs and wants to feel loved, capable of love, and O.K. about who she is. Her feelings about herself, stemming from the family in which she has grown up, strongly affect her ways of coping with her transition into adulthood. How her family functions and the systems her family uses to deal with stress are the basis of her own emotional development and responses to life. The teenager's pregnancy is often her response to a current family situation. Becoming pregnant may be the young woman's attempt, usually outside of her awareness, to solve a problem of her own or a problem of the whole family.**

**She may be trying to:**

**• show parents that she is separate from them and no longer in their control;**

**• solidify a relationship with a young man and create a new family;**

**• distract the family's attention from dealing with other critical issues;**

**• get the family to pay attention to her needs and wants;**

**• and, in the absence of a family, create a baby to love her and keep her from being alone in the world.**

**A young woman's pregnancy is a response to her unique life problems. In addition to this response, there are normal development issues through which each adolescent must work. She is discovering and creating who she is, separate from her parents. She moves tenaciously back and forth from dependency to independence. She is touched by many expectations from peers and community, family and society, and many of these are contradictory. Her physical, emotional, and sexual identity become critical issues. (The Salvation Army Booth Memorial Home, Boise, Idaho)**

**In-school clinics.** Two respondents described programs that provide prenatal health care at schools.

> • *Project Moving-On in Providence, Rhode Island, established an adolescent clinic, the Rainbow Center, in an inner-city high school. The clinic offers medical care, counseling, and support and advocacy for pregnant and parenting teens. Peer counselors are often called upon to be advocates for the teens when dealing with local government programs.*

> • *The St. Paul Maternal and Infant Care Project in Minnesota provides prenatal care in*

*four public high schools; the clinics also provide adolescent pregnancy prevention and other health care services. The in-school clinics are successful, reported this respondent: "In spite of the documented high-risk population served, incidence of low birthweight is 8.6 percent in adults and 10.9 percent in adolescents (7.2 percent and 16.8 percent respectively for adults and adolescents in the general St. Paul population). The fertility rate has been significantly reduced in the high school population and there has been an improved pregnancy outcome, a low school dropout rate, and a low repeat pregnancy rate."*

**Special classes in schools.** Classes in prenatal and infant care are offered within the regular schools in some cases.

- *The Adolescent Pregnancy Program in West Ridge, Pennsylvania, funded by the March of Dimes, serves all teens in junior high schools in the Reading area and other areas if funding is available. The goal of the program is prenatal and postnatal health care. The program begins with teaching in the schools on an individual or small group basis and continues with a home program during the summer or for those who are homebound.*

- *The Infant Care Course for Teen Mothers implemented by the School Age Mother Program in San Jose, California, is designed to utilize Red Cross nurse volunteers. The course is geared toward the girls' learning needs which were assessed by working with faculty and public health nurses from the school's day care center and observation of the pregnant teenagers working in the day care center.*

**Visiting counselors.** Providing special counselors in the schools is a strategy used by some programs:

- *Child and Family Health Services in Cincinnati, Ohio, sends a trained counselor from the city's health department to ten schools for a half day each week to provide information, screening, evaluation, counseling, and referral for pregnancy-related problems. The counselors also follow-up on referrals to assure that services were received. This is a joint project of the health department and the schools. The schools publicize the program, identify the students to be seen by the Visiting Counselor, and obtain the necessary parental consent.*

- *The Salud New Horizons Adolescent Clinic in Fort Lupton, Colorado, uses a Federal Maternal and Child Health grant to finance a similar program that includes a special referral mechanism. A nurse practitioner spends one morning a week in a local school, to identify high-risk teens in need of family planning, pregnancy tests, or prenatal care. Teens are referred to the Teen Clinic in town the next day. The program has found that 92 percent of the teens keep these next-day appointments, compared with a 44 percent compliance rate when teens make their own appointments by telephone.*

**Alternative schools for teen parents.** These programs accept pregnant teens and let them continue to earn credits toward graduation. Day care is often provided. The curriculum usually combines academic classes with parenting and career counseling. For example:

- *The Teenage Parents Center in Akron, Ohio, is an alternative educational setting for pregnant teenage girls attending the public schools in Akron. The Center is sponsored by three agencies, Family Services of Summit City, the Akron Board of Education, and the Akron City Health Department.*

  *The students come from various cultural backgrounds, income groups, and educational levels. Approximately 79 percent are black. They may enroll at any time during their pregnancy, and can choose to stay at the school for the entire year, even after delivery. (After delivery the student is allowed a 3-week recuperation period and then must return to school.) The school also runs a licensed day care center that the student can use if finding child care is a problem. The Infant Center is a part of the school system's Early Childhood Development Vocational Program, open to 11th and 12th graders.*

  *Up to one year after delivery, both nursing and social services are offered to the girls. This has enabled the staff to assist the families and monitor the physical and emotional development of the children.*

- *The Pontiac School District Teen Mother Program, in Pontiac, Michigan, combines the efforts of three agencies: the Oakland County Health Division, Family and Children's Services of Oakland, and the Oakland County March of Dimes. Its purpose is to offer "....alternative education, social and supportive services to the pregnant teen, her infant, the father of the baby, and the extended family." In addition to educational credits, prenatal classes, and counseling, the program operates a licensed infant day care nursery for infants and toddlers.*

- *The Teen Parent School Program of the Maine Children's Home (MCH) in Waterville is conducted in cooperation with the area*

**SUPPORT GROUP TOPICS**

**Support groups are among the services offered by some programs for pregnant or parenting teens. Here are some ideas for meetings:**

- **Good conversation**
- **I want to scream**
- **What about me - the young mom**
- **Why is my baby crying?**
- **Look what my baby can do**
- **Male role models for the child**
- **Kids relating to kids**
- **Ins and outs of public assistance**
- **Legal issues**
- **Birth control use and abuse**
- **My child's sick — What do I do?**
- **What is good food?**
- **Exercise for moms**
- **Craft projects**
- **Holiday parties**
- **Field trips**

**(From The Area Service Association, Hazel Park, Michigan)**

*school system. It combines two elements: a formal academic program with standard curriculum requirements, conducted by a certified teacher from the Waterville School District; and a Prenatal/Infant Care Program directed by a certified teacher from MCH. The 13-week Prenatal/Infant Care Program relies on resource personnel including Lamaze Childbirth Educators and Registered Nurses specializing in Family Planning, Infant Care, and Child Development. Following the birth of the child the teenage mother reenters the school system (usually at a quarter break), but her adjustment is closely monitored by both MCH counselors and her high school guidance counselor.*

- *The Family Learning Center, Leslie, Michigan, offers not only standard academic studies, but also programs for vocational testing, education, and placement. Located in the Center is a day care facility for infants and young children. A Supplementary Resource Center provides information on food and clothing banks, community interagency assistance, and counseling services.*

- *The Teenage Alternate Pregnancy Program (TAPP) in Eatontown, New Jersey, has established a special program for pregnant students, housed in a separate building. "Academic courses are mixed with a unique combination of pre- and post-natal instruction, home economics, consumer education, money and time management, and employability skills...Girls are encouraged to attend support groups. TAPP staff maintain a strong liaison with local medical facilities to ensure students follow through with ongoing pre- and post-natal care." Students enrolled in this program remain in school until delivery, return 2 to 4 weeks later, and continue until the end of the grading period, when they return to their regular school. The school is funded partly through the public school system and partly through a State vocational education grant. Many local organizations provide direct services to the girls in the TAPP program as well. A partial list includes the YMCA for exercises, the Catholic Welfare Bureau for information on adoptions, Planned Parenthood, the Long Branch Health Department, and CLASP, a parent support group. Since 1983, attendance has increased from 9 to 72 students and over 80 percent returned to their regular schools after their babies were born.*

- *Teen fathers as well as mothers can attend the Char-Em Alternative Program for School-Age Parents in Charlevoix, Michigan. Students attend classes for approximately a year, including the semester after delivery. In addition to regular academic and health education courses, the program uses an English Communications Course to provide group counseling. In a rural area, this program found that providing transportation was a necessity. "This increases the budget greatly, but the positive end results are well worth the cost." The importance of community support was emphasized by this respondent. The program has an advisory board and uses speaking engagements, slide presentations, student panels, and media coverage to keep the community informed. In 1979, a 5-year follow-up study was conducted and distributed to all area schools, agencies, and organizations. "The study gave the community feedback, education, and hope," wrote the respondent; a 10-year study is currently underway. Evidence of success up to now is found in the high percentage of students returning to their regular school to graduate and the high birthweight of their infants.*

## SERVICES AND STRATEGIES: CLINIC PROGRAMS

Clinic-based programs emphasize psychosocial services as well as health care for adolescents. The Johns Hopkins Adolescent Pregnancy and Parent Program in Baltimore, Maryland, for instance, provides "medical, psychosocial, and health and parenting educational services to adolescents throughout pregnancy and for 3 years thereafter....Services are provided through a multi-disciplinary team using a case management approach....Strongly emphasizing values clarification, decision-making skills, and utilizing extensive community linkages has enabled the program to be highly effective with its teenaged parents, their children and families." In addition to obstetricians and nurses, a social worker, a health educator, and a community outreach worker are assigned to the program. At each clinic visit, the teenager and those who accompany her attend an educational group session.

Other clinics described these approaches:

**Mother/baby programs.** Several respondents, including the Johns Hopkins Program just cited, described clinics that care for both the adolescent and her baby at the same visit. For example:

> • *The Adolescent Pregnancy Program in Jamaica, New York, addresses the health care needs of adolescents seeking prenatal, family planning, and follow-up care. A team of medical social work and nursing personnel provide psychosocial counseling, a full range of continual prenatal services including postpartum follow-up and family planning, comprehensive pediatric care and an intensive series of outreach and follow-up services for teens and their parents.*

**Peer settings.** A number of clinics have instituted adolescent pregnancy programs that bring the teens to the clinic and associated classes at the same time, because, as Comprehensive Adolescent Pregnancy Services in New Brunswick, New Jersey, wrote, "pregnant teens are much more comfortable in a peer setting, rather than being seen with adults."

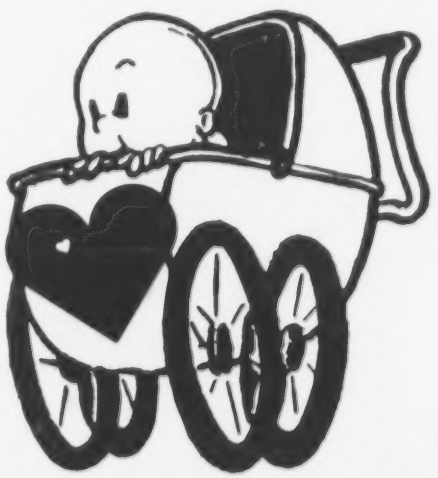
> • *Peer support has been formalized by the Camden County Adolescent Family Life Program in Camden, New Jersey, which reported that "most clinical sites now have successful teen assistant programs, where peers work with peers to optimize program impact. At some sites, client groups have evolved into support groups for the adolescent parent, thus minimizing some of the social isolation often experienced by this population, and further encouraging productive activities such as a return to school."*

> • *TOPPS, in Little Rock, Arkansas, wrote, "as one of the first objectives was to encourage clinic attendance, we altered several standard clinic routines in an effort to make the clinic more appealing to teens. The first clinic visit was held on a different day from routine clinic and a special orientation session was included....Each visit is preceeded by a group session facilitated on a rotating basis by team members....The clinics have been scheduled on a day when the OB/GYN department is in meetings so there are no other patients in the clinic and time can be taken with the teens." Girls in the TOPPS program have been compared to a group of teens delivering at the same hospital but not attending the TOPPS clinic. The TOPPS teens had an 11 percent rate of prematurity, compared to a 21 percent rate for the control group. The incidence of Caesarean and difficult deliveries was also lower for the TOPPS group.*

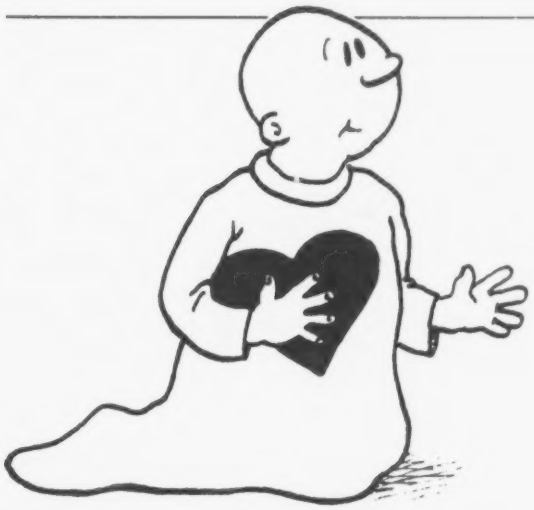
## SERVICES AND STRATEGIES: RESIDENTIAL PROGRAMS

A hybrid approach, combining academic and practical training with health and social services is typified in the residential programs for pregnant teens sponsored by Florence Crittenton Services, The Salvation Army, and other well-known organizations.

All emphasize intensive counseling, therapy, and practice in independent living. Some of the goals of The Salvation Army Door of Hope Maternity Program in San Diego, California, for example, are "to provide a



Human Services Inc./Florence Crittenton Teen Parent Education Network



Human Services Inc./Florence Crittenton Teen Parent Education Network

wholesome environment, to promote interpersonal relationships,....to encourage and facilitate education and job training, to maintain and restore supportive family relationships."

Some residential programs, such as Louise Wise Services in New York City, offer a respite for young mothers, providing child care, a place to live, and social services while they finish high school or begin a career. The Crittenton Center of Family Counseling and Services in Columbus, Ohio, for example, provides both residential and day services to pregnant girls. Residential programs include:

> • *The Vivian E. Washington Residence in Baltimore provides a home for adolescent mothers and their babies. "Although many adolescent girls have made the decision to keep their child, they have not begun to deal with the multifaceted complexities that a child brings to their lives. The girls are assigned specific personal, housekeeping, and parenting responsibilities, and daily evaluations track their progress in fulfilling these. Funded by the Baltimore City Department of Social Services, the Residence also receives $85 rent per month from each client; the client may pay the rent from Aid for Dependent Children (AFDC) funds. This program makes a point of including the baby's father, by establishing special visiting hours for fathers only.*
>
> • *The Salvation Army Door of Hope Maternity Program provides both medical care and social services to pregnant girls. Among its goals: "to encourage and facilitate education and job training" and "to assist in planning postpartum living situations." This program reported that of the 42 births through its clinic in 1984, there were only two Caesarean deliveries and no babies weighing less than 5 pounds. However, it commented, "This type of program would be difficult to manage without the assistance of a large social service agency such as The Salvation Army. The program works because of the on-grounds clinic and the access to graduate student interns."*

## SERVICES AND STRATEGIES: OTHER APPROACHES

Several programs responding to the survey are neither school nor clinic-based. These approaches are smaller in scope, and encompass a wide spectrum of services.

**Peer counseling.** Teens counseling teens is the concept behind PACT (Peer Approach Counseling by Teens), a program of the National Board, YWCA of the USA, in New York City. The program, being conducted in several communities by local YWCAs, trains teens in communication skills and on issues concerning sexuality. The teens then lead group discussions, sometimes at their schools, but often in other agencies and at the local YWCA. Some organizations have focused on parenting or pregnant teens while others have focused on prevention of unwanted pregnancies.

**Teen panels.** Expectant Teen Outreach in Indianapolis, Indiana, has a teen panel that makes presentations to schools, churches, community groups, and local agencies. The panelists explain what it's like to be a teen parent. This program which is operated by Homes for Black Children, an adoption agency, also offers support groups for pregnant teens.

**Telephone information.** Tel-A-Teen/Tel-Aid sponsored by the Health Education Center in Pittsburgh, Pennsylvania, is a system of tape-recorded messages for teens, directed especially to low-income teenage girls. Topics such as drugs, self-image, stress, teenage sex, pregnancy, and parenthood are addressed.

**Male Involvement.** Special counseling for young fathers and special efforts to involve fathers were mentioned frequently in these survey responses. A particular example of male involvement is provided by the Teen Parent Education Network in Denver, which offers separate classes for fathers: "This is a time when young fathers can discuss what is happening to them, make plans for the future, and learn about resources available to them for continuing their education or job training."

**Free loan closet.** The Adolescent Pregnancy Project in Skowhegan, Maine, a home visiting program of the Kenneble Valley Community Action Program, maintains a free loan closet stocked with infant and toddler clothes, maternity clothes, baby furniture, bedding,

household items and toys for the use of its clients. It also sponsors a car seat rental program. The project, which is primarily a counseling and support service, receives referrals from doctors, hospitals, social service agencies, and schools.

**One-to-one support.** Two survey respondents described different kinds of programs that focus on individual counseling and support.

> • *Project Prepare in Lynn, Massachusetts, uses Parent-Aides, "mature women who work as volunteers with their assigned family, providing a role model and support for young, isolated parents." A Parent-Aide commits herself to a parent for at least 1 year, spends time with her weekly, is available by telephone, and plans joint activities, such as shopping. Training is provided to these volunteers and they meet in a "supervision group" every 2 weeks. The Parent-Aides are reimbursed for expenses and mileage.*
>
> • *The Adolescent Pregnancy Project in Flemington, New Jersey, provides individual counseling and education to pregnant teens in their homes and schools. Fathers and families may be included. Funded by the March of Dimes, this program individualizes counseling for each client, using a curriculum developed specifically for pregnant teens. Topics include prenatal care, decision-making, newborn care, family planning, and gynecologic health. Clients are recruited through the media and community groups. The past 5 years, said this respondent, have seen an increase in casefinding and "good compliance by clients in keeping appointments, completing assignments, and generally altering poor lifestyle habits."*

## GOALS FOR PREGNANT ADOLESCENTS

**• Raising a young woman's trust level is crucial, especially with those from homes where not trusting is a survival skill. As long as a girl is not trusting others, she is not able to take in the caring and guidance which are being offered to her. She needs to learn that there are trustworthy adults in the world, how to distinguish which ones they are, and to come to trust herself. A part of learning to trust is knowing that it is O.K. to have feelings, to express feelings in appropriate ways, and to use these feelings to solve problems.**

**• Helping a resident to see and respond to the reality of her situation is another part of the growth while at Booth Memorial Center. Adolescents frequently use denial and unrealistic fantasy as coping mechanisms, especially in regard to their families, their boyfriends, and their future. Consistent and caring confrontation of reality by staff is necessary to help each young woman live and deal with the real world.**

**• Developing good decision-making skills is important for the pregnant adolescent. Her decision to keep and parent or release her infant for adoption will have lifelong ramifications for both herself and the baby. She is handicapped by having too few of life's experiences behind her to help her make a wise decision. Preparing emotionally to deal with the results of her decision, plus acquiring the skills she will need, such as parenting and independent living skills, are a part of the Booth Memorial Center program.**

**• There are many physical and psychological changes that occur during pregnancy. Helping the young woman understand these changes and being supportive of her while experiencing them are an integral part of the Booth program. Increasing her understanding of the various aspects of pregnancy, and helping her face the reality of its existence greatly increase the possibilities for a positive physical and emotional outcome for both herself and the baby.**

**• Helping a young woman explore her sexual identity is another goal of the Booth program. Questions such as who she is as an emerging woman, what her value system is, how her body functions, how to prevent pregnancy, and how she chooses to relate to men, both past and future, are examined.**

**• For many residents, their families are an essential part of their growth process. If a young woman is a part of a family system, the same system needs to be available and reactive to her and to the staff while at Booth Memorial Center. It is important for both the young woman and the family to prepare for her return home. For a resident who is not returning to her family, it is important to help her learn how to create a new support structure for herself.**

**• We believe each young woman is trying to find ways to live and successfully cope with her environment. It is our goal to help the emerging woman find new and better ways to live and grow in the world.**

**(From The Salvation Army Booth Memorial Home in Boise, Idaho)**

Area Service Association

## OUTREACH

Many communities have designed outreach programs outside of the schools and hospitals and clinics offering education and health services in a variety of settings — housing projects, recreation centers, day camps, churches, and community facilities. Examples are described below:

> • *The Westside Adolescent Resource and Education Project (Project AWARE), initiated by a community health center in Tuscaloosa, Alabama, aims to reach not only adolescents but also their parents and the community at large. It has developed a Family Life Theater Group for teenagers. All plays depict realistic situations and problems confronting today's adolescents and are performed at local schools and recreation centers. Project AWARE has also initiated The Stork Club, a support group for pregnant teens and their partners. And it offers workshops, lectures, rap sessions, and presentations to special groups, civic clubs, and organizations.*

**Home visits.** Several programs assign home visitors to provide support to pregnant teens and teen parents:

> • *The Chicago Comprehensive Care Center (4Cs) has a Home Visitors Program that utilizes paraprofessionals supervised by a social worker. The paraprofessional makes home visits, linking clients with community services by providing information, reminders and escorts. She also follows up on all referrals. The paraprofessionals are young women who were teenage parents themselves and who have adjusted successfully to the situation. The Home Visitors Program is aimed at a high risk group of elementary school age and educable mentally handicapped mothers. The Center also has developed a Primary Prevention Program and Teen Pregnancy Program, providing education and counseling in the schools.*
>
> • *Opportunities for Pregnant and Parenting Teens in Rochester, New York, is a home-based program of Hillside Children's Center aimed at providing support services to pregnant adolescents and adolescent parents living independently or with their families. The program's goals are to prevent unnecessary placements, to strengthen family units, and to prevent repeat teen pregnancies. Services provided include intensive counseling, home visits, service plan, facilitation of use of community resources, and education in areas of parenting skills, child development, and coping skills.*

**Visiting nurses.** The High Risk Mother and Infant Program, a project of the Visiting Nurse Association in Pittsfield, Massachusetts, offers pregnant teens various services including childbirth preparation, prenatal and postnatal nursing care, physical assessment of the baby, parenting skills, nutrition assessment and education, and monitoring of growth and development. This group also provides prenatal classes and makes its services available in a school for pregnant teens in Pittsfield.

**Networking.** As one Coalition reviewer noted, these replies repeatedly emphasized the "necessity for linkage — networking involving the total community — schools, social service resources, health resources, and religious organizations." In some cases the network is on a national level, as in the National Urban League Affiliate Development of Adolescent Pregnancy/Parenting Programs, based in New York City. This is a network among ten local affiliates of the League selected to receive concentrated technical assistance and financial aid to address adolescent pregnancy among Blacks. The ADAPP network shares training, advocacy, and information and is linked with other national, State, and local organizations. To measure their effectiveness, all ten programs will be evaluated "utilizing an impact evaluation model designed by the Southwest Regional Laboratories. This model allows service providers to measure change in participants in comparison to the entire community."

Many local programs mentioned cooperative agreements between school systems, social service agencies, and clinics in their efforts to serve the diverse needs of teenage mothers. Several described broad community coalitions:

• *The Black Family Preservation Project in Kansas City, Kansas, was initiated by the Kansas Children's Service League's Black Adoption Program and Services with funding from the State's Department of Health and Environment. Black community leaders met at the outset of the program to discuss the causes and probable solutions to the high adolescent pregnancy rate among blacks in Wyandotte County. The overall goal for the project is to bring down the rate by delaying early sexual involvement. Its program strategies include a volunteer speakers' bureau, teen workshops, and community networking. "The initial response of the community has been overwhelming acceptance of the project", reported this respondent. "In less than 6 months, the project has networked with 17 social groups and organizations and directly reached 350 youth and adults. Fifteen volunteers have been trained in our speakers' bureau."*

• *The Consortium for Pregnant and Parenting Teens (CPPT) in Boston is comprised of many local service providers. State funds help support this formal network, instituted to address the "pronounced problem of fragmented, discontinuous services." The Consortium uses case management and liaison systems. "In conjunction with liaison representatives designated by each member agency, case managers ensure that teens referred from services (e.g., medical, social, educational) to consortium and outside agencies are, in fact, receiving them."*

Johns Hopkins Children & Youth Programs

*The use of standardized referral forms and periodic meetings facilitates communication between the agencies. Member agencies also conduct extensive educational programs for clients, other adolescents, professionals, and community members.*

*Preliminary assessments indicate that this network is indeed working. "Contact with a multitude of other local service providers (368 agencies) by the end of FY'84 indicates that personnel were both aware of and willing to work with outside agencies."*

*Their success has also been demonstrated in the number of teen clients participating in the clinic's services, other family members and male partners that have been counseled, and the number of participants in the community/professional and school educational programs.*

## EDUCATIONAL PROGRAMS

Numerous respondents reported special classes for pregnant teens and new teenage parents. Most include the traditional subjects, such as nutrition, physiology, and infant care, and many also include units designed especially for adolescents. The Family Life Program in Trenton, New Jersey, for example, in its curriculum outline, lists units on "postnatal goals" and "feelings about pregnancy, motherhood" as well as an entire class on contraceptives.

It's A New Life Teen Pregnancy Program in Appleton, Wisconsin, follows up its prenatal classes with postnatal support groups, one for teens keeping their babies and one for those releasing their babies for adoption. Other approaches to classes for teens:

• *Informal waiting room classes are a feature of the Winton Hills Medical Center. The Center has regular, group prenatal classes, but found that attendance was low. Therefore, between scheduled classes, an instructor works in the waiting room, showing films and cassettes, distributing educational materials, and encouraging patients to ask questions. "The no-show rate is decreasing and the clients are beginning to ask questions," reported this respondent.*

• *Parenting classes for teens whose babies are in the neonatal intensive care unit were reported by the Facilitating Teen Parents Premature Infant Interaction Program in Detroit, Michigan. Transportation is provided to the series of four weekly classes which include audiovisuals, printed materials, and a chance to try out the desired behaviors, such as tactile and verbal stimulation of the infant. Self-modeling photographs and a self-evaluation*

*workbook "furnish motivation to continue the behaviors" after the classes are over. The Massey-Campbell Scale of Mother/Infant Reciprocity measures knowledge and skill retention.*

- *Parents and Teens...Together, sponsored by the Philadelphia Urban League stresses the involvement of parents of pregnant teens in their eight-session prenatal education program. A notable part of this effort is its heavy male involvement — 49 percent of all participants are males.*

- *Teens-N-Tots, sponsored by the Peninsula Health District, Newport News, Virginia, is based on the concept that guidance and education on child development can reduce "stressful parent/child relationships and...prevent child abuse." This program teaches mothers how to stimulate their infants using sensory, kinesthetic, and visual methods; how to develop better cues as to their children's needs, and how to understand their children's growth and development. During the series of ten classes, mothers get acquainted with their children. Tots-N-Teens is seen as "a means of preventing future child abuse/neglect (by providing) parental knowledge of child development which influences expectations, actions, reactions, and interactions. Mothers often consider infants and children capable of accomplishing tasks before they are biologically ready and may punish them for non-compliance."*

Several adolescent pregnancy programs have developed their own materials, which are described below:

- *Flyers on infant care and development have been written by The Johns Hopkins Adolescent Pregnancy and Parenting Program in Baltimore. With titles such as "Learning to Talk" and "Your Baby at Two Months," they give parents basic information in simple language.*

- *The Tools for Teen Programs produced by The Salvation Army in New York (see "Tools for Teen Programs" in program listing) includes lesson plans and backup materials for health education with teens. Of special interest to adolescent pregnancy programs are titles such as "Every Child Matters," about child development; "Education for Adulthood," for inner-city teenagers, including units on pregnancy and birth; "Family Life Program," covering child growth and development; and "Manana," available in English and Spanish and covering child growth and development, guiding behavior, and children with special needs.*

- *The* Parent Express, *a month-by-month newsletter for teenage parents produced by the Human Relations Program in Berkeley, California, was recommended by the Youth and Family Center in Lawndale, California. (See a description of this newsletter in the chapter on postnatal programs, under selected materials).*

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- *The Youth and Family Center uses materials from several sources. These include:* Parenting Skills: A Curriculum for Teenage Mothers *from the Authority for Mental Health and Mental Retardation, 2501 Dunstan, Houston, Texas 77005; and parent education materials for low-income Latinos, "Familia En Flor" from the Parent Education Project, Harbor/UCLA Medical Center, Research and Education Institute, 1000 West Carson Street, Cottage 15, Torrance, California, 90509.*

- *A film, "Babies are People, Too" covers parenting skills for teenage parents. Both this film and a curriculum guide, "Using Video to Teach Parenting Skills to Teenage Parents," are recent products of the Youth and Family Center in Lawndale, California.*

- *A videocassette and participant workbook were developed to promote positive parenting between premature infants and their adolescent parents by a program at Saint John Hospital in Detroit (see Facilitating Teen Parent/Premature Infant Interaction, Detroit, Michigan in program listing). The same program has produced and copyrighted an AIDS Scale, an assessment tool to evaluate the quality of the interaction between parents and premature infants.*

• *A text and workbook for group counseling, highly recommended by the Char-Em program in Charlevoix, Michigan, is* See You At The Top, *available from Positive Life Attitudes, 13642 Omega, Dallas, Texas 75234 (800-527-0102)*

• Beyond the Birds and the Bees *is a pamphlet on contraceptives developed by the Chicago Comprehensive Care Center in Illinois.*

• *The YWCA also has developed "Choices or Chances," a game that presents role-playing situations. This "multifacted educational program" presents information on several topics, including human sexuality. Funded by the YWCA in Los Angeles to provide a "safe," somewhat structured environment in which young people can speak out easily or be silent and learn by listening to others. It is designed for 6 to 10 players, aged 14 or over, and for parents of teens.*

## NEEDS FOR EDUCATIONAL MATERIALS

Easy-to-read, low-cost materials (because as one respondent noted, being able to afford what is already available is a problem for many programs) were the most frequently cited "need" emerging from the survey.

Specialized materials are needed for Black rural teens, teen fathers, teens remaining with their families, and professionals working with disturbed teen parents. Topics mentioned frequently included:

• Parenting infants and taking care of sick infants (Practical advice on taking an infant's temperature and determining if a young child requires medical attention were also mentioned.)

• Child development

• Simplified genetics

• Risk factors in teenage pregnancy

• Gestational diabetes

• Finding jobs and breaking out of the welfare cycle

One respondent noted a lack of materials on smoking cessation for the low-income audience. "Materials should be concrete, give practical suggestions, and take into account the constraints and stresses of poverty (that) affect smoking behavior."

Audiovisual materials were another frequently cited need. Respondents need films especially directed to adolescents on family planning, labor and delivery, Caesarean section, basic anatomic and physiological changes during and after pregnancy, adoption, breastfeeding, and parenting. Spanish-language audiovisuals are also needed.

## ADVICE AND OBSERVATIONS

The most frequently given advice was to enlist the support of the community, to encourage networking among community agencies, and particularly to involve the schools as much as possible. Respondents often suggested that a variety of services be provided — including counseling, social services, and medical services — or that the program be located in a school, clinic, or hospital. The Chicago Comprehensive Care Center commented, "4Cs is able to work with a large number of pregnant teens successfully, because it is a special school-based program, and coordinated educational, medical, and social services are readily available and accessible to teens." The Char-Em program in Charlevoix, Michigan was equally emphatic: "The community support of area schools, churches, the health department, Planned Parenthood, March of Dimes, agencies, and private organizations has been *vital* to the success of the program."

Many programs worked, said the respondents, because of a dedicated and competent staff. The survey replies themselves reflected a high degree of personal involvement, and many respondents cited sensitivity to adolescent needs — along with hard work — as keys to success. It was recommended that the staff be available for individualized service and frequent contact, that they be flexible, answer questions honestly, and "accept the girls where they're at and build self-

### TO AVOID PITFALLS IN A PARENT-AIDE PROGRAM

**• The Parent-Aide and Social Worker should have clearly defined roles and responsibilities.**

**• The case information given to the Parent-Aide should be limited.**

**• The Social Worker should explain to the client what a Parent-Aide is and how she can be of help. The Social Worker should *invite* the client to accept a Parent-Aide rather than *coerce* her.**

**• The client should be able to say that she *wants* a Parent-Aide.**

**• The Parent-Aide must report abuse or neglect, but is not there to prevent abuse or neglect.**

**• Client confidentiality must be respected. The Parent-Aide and Social Worker must agree on what information about the client needs to be shared, and the client needs to know what level of confidentiality she can expect.**

**(From Project PREPARE, Lynn, Massachusetts)**

esteem." Elaborating on these themes were two respondents, who commented:

- *"It is essential that any program for teens recognize that while the problem generally presents (itself) as a medical one, the medical aspect of teen pregnancy is only a small part of the overall picture, and if some of the other aspects such as economics, education, and emotional needs are not addressed, the medical care may be compromised." (TOPPS; Teen-Obstetrical Perinatal Parenting Services, Little Rock, Arkansas)*
- *"I feel the program has been successful due to the determination of the nurse educator to reach these girls and the fact that she is a caring person... Also continuity with each girl plus flexibility are stressed, and the program is brought to them." (Adolescent Pregnancy Program, West Ridge, Pennsylvania)*

Several programs also suggested reaching the teen mothers early in their pregnancies and working with their parents and the baby's father. A number of programs suggest including outreach services "since mothers with infants tend to isolate themselves" and following up once a teen has indicated interest in assistance.

Other comments:

- *"Whether the program is designed for pregnant teens or primary prevention of teen pregnancy, the services need to address the broad adolescent developmental issues." (Chicago Comprehensive Care Center, Chicago, Illinois)*
- *"Make sure parents of teens are involved in early stages of programming." (Parents and Teens Together, Philadelphia, Pennsylvania)*
- *"Schools and community agencies and organizations need feedback regarding the program and school-age parents. This can be accomplished by distribution of yearly program statistics and follow-up studies via advisory board members. Follow-up studies also increase community awareness of teenage pregnancy and the need for such services to this population." (Char-Em Alternative Program for School-Age Parents, Charlevoix, Texas)*
- *Do not label an in-school clinic a pregnancy project. "This turns off many teens who may drop in for counseling before they become pregnant." (Providence Ambulatory Health Care Foundation, Providence, Rhode Island)*
- *Use the girl's school attendance and school adjustment as ways to identify those in need of intervention. "Otherwise, the teens in need do not seek out help." (Chicago Comprehensive Care Center, Chicago, Illinois)*
- *"Know the community and the resources as well as the cultural background; know the background of the group you work with; walk through the material you will use. When this has been done, the program has worked well; when not, it has been a disaster." (Tools for Teen Programs, New York, New York)*
- *"Contacting referral services has been the greatest help in getting these young women in the program. They really need a big push." (It's A New Life Teen Pregnancy Program, Appleton, Wisconsin)*
- *"A primary dilemma has been in achieving acceptance in the schools. The basic problem was timing. In order to cultivate the population of school personnel who will be making the ultimate decision to incorporate such programs in the on-going school program, planning must begin early. Groundwork must be established and allies found within the school board. (National Board YWCA, New York, New York)*
- *"Establish trust with patients through individual sessions with a health educator at the time of first contact, if possible. This increases compliance." (Salud New Horizons Adolescent Clinic, Fort Lupton, Colorado)*
- *"The school is costly and is always in danger of closing due to reductions in State funds for education. I would advise that commitment to the effort to educate pregnant students should be sought at every level of government or from other funding sources." (Health Promotion/ Disease Prevention Program, St. Louis, Missouri)*
- *"Although we* cannot *impose our personal morals, we can suggest they consider not only their parents' and church's teachings but their own responsibility to self and the effect another child has on their family and budget; that* everyone *is a worthwhile person with the potential to be somebody and to achieve any desired goal with sincere effort. Everybody is important in his or her own way. There is something good in the future with work and training." (Adolescent Health, Education, Jackson, Mississippi)*

Finally, one program recommended "a bit of luck and a good sense of humor."

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# 13
# Resources

### THE HEALTHY MOTHERS, HEALTHY BABIES COALITION - WHAT IS IT?

The Healthy Mothers, Healthy Babies Coalition is an informal association of approximately 80 national professional, voluntary, and governmental organizations with a common interest in maternal and infant health. The purpose of the Coalition is to foster education efforts for pregnant women through collaborative activities and sharing of information and resources. Its goals are to:

- PROMOTE public awareness and education in preventive health habits for all pregnant women and their families
- DEVELOP networks for sharing information among groups concerned about improving the health of mothers and babies
- DISTRIBUTE public education materials on topics related to improving maternal and child health
- ASSIST the development of State Healthy Mothers, Healthy Babies Coalitions

### WHY THE CAMPAIGN

There are 16 other nations with a lower infant mortality rate than the United States. The Coalition seeks to help reduce infant mortality and low birth weight in support of the Health Objectives for the Nation, through preventive health education for a broad public audience.

### WHAT ARE SOME SPECIFIC OBJECTIVES

- To supply information that encourages healthy habits for pregnant women and women planning pregnancy
- To motivate pregnant women to protect their health through regular prenatal care and good nutrition
- To increase women's understanding of specific health risks and the importance of taking responsibility for healthy childbearing
- To increase understanding among men of the supportive role they play in pregnancy and infant care

### WHAT HAS BEEN PRODUCED

- A directory of educational materials on maternal and infant care facilities sharing of printed and audiovisual resources among members. It is now in its third edition.
- A newsletter published to exchange news and information from each quarterly Steering Committee meeting.
- A curriculum guide (K through 12) on education for responsible childbearing.
- A series of six posters and information cards for low-income pregnant women on nutrition, smoking, alcohol and drug use, breastfeeding and the importance of prenatal care. (English and Spanish)
- "Outreach," an 8-minute slide-tape presentation describes the Coalition, what it is, what it is doing, and why communities should be involved. (Also available on videotape for sale and for loan)
- A tabletop exhibit promoting the Coalition. (Available on loan)
- Two market research reports summarizing sources of health information for low-income women and their media habits.
- A networking handbook to help communities start a Coalition chapter.
- A modular television production to enable a local station to host easily a 30-minute segment on "Healthy Mothers, Healthy Babies." (Available on loan)
- The mass media campaign, produced by the New York State Health Department (television, radio, print materials), to help State Coalitions begin public awareness activities.

### WHAT ELSE IS BEING DONE

Coalition projects are developed by Subcommittees addressing priority areas. These Subcommittees include: motivation of low-income women, breastfeeding, substance use during pregnancy, genetic screening, oral health, injury prevention, adolescent pregnancy. Each subcommittee is producing new Coalition-sponsored educational materials and programs; the low-income subcommittee was responsible for this compendium. In addition, standing subcommittees on research and development, policy, and networking direct Coalition activities.

### HOW CAN I BECOME INVOLVED

The National Coalition is actively encouraging the establishment and maintenance of Healthy Mothers, Healthy Babies Coalitions in States and communities. More than 40 States are currently involved. If you are interested in working with a Coalition in your area, contact one of the following:

- the national office of a National Coalition member organization (see list in this chapter);
- the State or local office of an affiliated Coalition organization;
- the individual State 'contact' (see list in this chapter);
- the Executive Secretariat, National Coalition, 600 Maryland Avenue, S.W., Suite 300E, Washington, D.C. 20024, for information about how to start a Coalition.

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**SELECTED FEDERAL HEALTH INFORMATION CLEARINGHOUSES**

The Federal Government operates a number of clearinghouses, most of which focus on a particular topic, such as maternal and child health. Their services vary but may include publications, referrals, or answers to consumer inquiries.

**Food and Nutrition Information Center,** National Agricultural Library Bldg., Rm. 304, Beltsville, MD 20705. (301) 344-3719. Serves the information needs of professionals interested in nutrition education, food service management, and food technology. Acquires and lends books, journal articles, and audiovisual materials related to these areas.

**National Clearinghouse for Alcohol Information,** P.O. Box 2345, Rockville, MD 20852. (301) 468-2600. Gathers and disseminates current information on alcohol-related subjects. Responds to requests from the public, as well as from health professionals. Distributes a variety of publications on alcohol abuse.

**Clearinghouse on Child Abuse and Neglect,** P.O. Box 1182, Washington, DC 22013. (301) 251-5157. Collects, processes, and disseminates information on child abuse and neglect. Responds to requests from the general public and professionals.

**National Clearinghouse for Drug Abuse Information,** P.O. Box 416, Kensington, MD 20795. (301) 443-6500. Collects and disseminates information on drug abuse. Produces information materials on drugs, drug abuse, and prevention. Provides information to both consumers and health professionals.

**National Clearinghouse for Family Planning Information,** P.O. Box 12921, Arlington, VA 22209. (703) 558-7932. Collects family planning materials, provides referrals to other information centers, and distributes and produces materials. Primary audience is Federally funded family planning clinics.

**National Clearinghouse for Maternal and Child Health,** 38th and R Sts. NW, Washington, DC 20057. (202) 625-8410. Provides information and publications on maternal and child health to consumers and health professionals.

**National Clearinghouse for Primary Care,** 8201 Greensboro Dr., Suite 600, McLean, VA 22102. (703) 821-8955. Provides information services to support the planning, development, and delivery of ambulatory health care to urban and rural areas where shortages of medical personnel and services exist. Although the Clearinghouse will respond to public inquiries, its primary audience is health care providers who work in community health centers.

**National Health Information Clearinghouse,** P.O. Box 1133, Washington, DC 20013-1133. (703) 522-0870 (in Virginia); (800) 336-4797. Assists the public in locating health information by identifying health information resources and providing an inquiry and referral service. Health questions are referred to appropriate health resources that respond directly to inquiries.

**Office on Smoking and Health,** Technical Information Ctr., Park Bldg., Rm. 1-10, 5600 Fishers Ln., Rockville, MD 20857. (301) 443-1690. Offers bibliographic and reference services to researchers and others, and publishes and distributes a number of publications related to smoking and health.

**Project Share (Human Services),** P.O. Box 2309, Rockville, MD 20852. (301) 231-9539. Provides reference and referral services designed to improve and manage human services by emphasizing the integration of those services at the delivery level. There is a charge for publications.

Further information on the work of the Healthy Mothers, Healthy Babies Coalition, may be obtained by writing to: Executive Secretariat, Healthy Mothers, Healthy Babies, 600 Maryland Ave., SW, Ste. 300E, Washington, DC 20024.

## RESOURCE BOOKS AND DIRECTORIES

**Asian Language Materials** - Annotates and gives ordering information for materials on infertility, contraception, childbirth, and other reproductive health topics in many Indochinese languages.

*Order from:* National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, MD 20852. Single copy free.

**Asian/Pacific Islander Mental Health Promotion Resource Directory** - Provides an extensive annotated listing of print and audiovisual materials arranged by age groups and ethnic target population with sections for speakers of Chinese, English, Japanese, Korean, Philippino, and Samoan. Produced by Asian Community Mental Health Services for the California Department of Mental Health. Order No. 7540-956-1020-7. 53 pp. (1981). Single copy, $6.00.

*Order from:* Asian Community Mental Health Services, Publications Unit, P.O. Box 1015, North Highlands, CA 95660.

**Bibliography: Selected Health Materials in Spanish** - Lists selected health materials in Spanish, arranged by subject. Sources include businesses, the Federal and State Governments, and voluntary organizations. Also lists other resources, including curriculum materials. 58 pp. (1985)

*Order from:* COSSMHO, National Coalition of Hispanic Mental Health and Human Service Organizations, 1030 15th St., NW, Suite. 1053, Washington, DC 20005. Single copy free while supplies list.

**Compendium of Resource Materials on Adolescent Health** - Provides a manual for practitioners and administrators faced with the challenge of meeting the health needs of adolescent populations. The Office of Maternal and Child Health, Bureau of Community Health Services, sponsored a 3-year series of regional workshops on adolescent health from 1977-1980. This compendium represents materials developed by workshop faculty members in six areas: physical growth and development, psychosocial growth and development, nutrition, sexuality, health concerns, and administrative issues. Each section contains summary presentations, outlines, articles, bibliographies, and sample forms. 183 pp. (1981) Single copy free.

*Order from:* National Maternal and Child Health Clearinghouse, 38th and R Sts. NW, Washington, DC 20057. (202) 6325-8410.

**Contraception Slide Chart** - Slide chart with easy comparison between 10 forms of contraception. Shows advantages, disadvantages, effectiveness rates, costs and risks of each method. Single copy at no cost; send business size self-addressed, stamped envelope.

*Order from:* Office of Public Information, American College of Obstetricians and Gynecologists, 600 Maryland Ave. SW, Ste. 300E, Washington, DC 20024.

**Designing Your Family Planning Education Program** - Offers practical "how-to" information for designing a new education service or improving an existing one. Defines steps for the design of staff development programs in a family planning setting. The guide contains some helpful charts and a checklist for assisting staff members in assessing their training needs. 90 pp. (1980) Single copy free.

*Order from:* National Clearinghouse for Primary Care, 8201 Greensboro Dr., Suite 600, McLean, VA 22102. (703) 821-8955.

**Exposure to Print and Electronic Media: Women Age 18-34** - Prepared for the US Public Health Service by Chilton Research Services; reports on the reading and media habits of young women, especially low-SES women. 50 pp. (1982) Single copy free.

*Order from:* National Health Information Clearinghouse, P.O. Box 1133, Washington, DC 20013-1133.

**Family Planning in Primary Care Centers** - Presents a guide to developing or improving family planning programs. Suggestions are offered for approaches to implementing these services, with emphasis given to prevention activities. 28 pp. (1980) Single copy free.

*Order from:* National Clearinghouse for Primary Care, 8201 Greensboro Dr., Suite 600, McLean, VA 22102. (703) 821-8955.

**Healthguide on Marketing** - Discusses the concept of marketing health promotion programs and provides practical ideas and resources for further information. 2 pp. (1985) Single copy.

*Order from:* National Association of Community Health Centers, 1625 I St., NW, Washington, DC

**Improving Family Planning Services for Teenagers** - Discusses effective strategies for delivering family planning services to teenagers. This report of an evaluation study of family planning services contains recommendations for improving program effectiveness. 129 pp. (1976) Single copy free.

*Order from:* National Clearinghouse for Family Planning Information, P.O. Box 12921, Arlington, VA 22209.

**Indochinese Health Information** - Lists organizations and publications available to health educators for aiding Indochinese people in adapting to a new society. 4 pp. (1984) Single copy free.

*Order from:* National Health Information Clearinghouse, P.O. Box 1133, Washington, DC 20013-1133.

**Kou Man Nou Ye? An English-Haitian Creole Guide for Medical Personnel** - Serves as a phrase book and glossary for English-speaking medical personnel who care for Creole-speaking Haitians. Written by Martin P. Kantrowitz, Antonio Mondragon, and William Lord Coleman, this guide includes sections on almost two dozen medical problems from "After a Major Accident" to "Family Planning." There are

also sections on common and everyday phrases and an alphabetical glossary of basic Haitian vocabulary words. This is a translation of *Que Paso? An English-Spanish Guide for Medical Personnel.* 75 pp. (1984) Single copy free.

*Order from:* National Clearinghouse for Primary Care, 8201 Greensboro Dr., Suite 600, McLean, VA 22102. (703) 821-8955.

**Media for Safety and Health** - Lists, with complete annotations on content and intended audience, and information on format, rental, and sale, current films, videotapes, and slide sets produced or sponsored by the Federal Government for the general public and health professionals. Topics include child health, safety, and nutrition. 39 pp. (1984) Single copy free.

*Order from:* National Audiovisual Center, Washington, DC 20409.

**Nutrition Education Resource Guide: An Annotated Bibliography of Educational Materials for the WIC and CSF Programs** - Offers a guide to evaluated print and audiovisual nutrition education materials appropriate for women, infants, and children. Materials are classified according to targeted audience and address the following areas: pregnancy, breastfeeding, infant feeding, preschool children, and general nutrition and meal planning. Each item listed is described and evaluated, and information is provided on format, reading level, availability, and cost. Stock No. 001-000-04307-2. 146 pp. (1982) Single copy, $6.00.

*Order from:* Superintendent of Documents, US Government Printing Office, Washington, DC 20402.

**Parent Held Child Health Record** - Not a publication, but a form for families that move frequently. Provides space to record immunizations, dates and results of medical exams, dental records, and growth assessments. Instructions for using the compact health record are provided in English and Spanish. Folder. (1985) Single copy free.

*Order from:* Interstate Research Associates, 1555 Wilson Blvd., Suite. 700, Rosslyn, VA 22209.

**A Portable Prenatal Record** - A form for women who relocate during prenatal care. Offers space for recording a brief medical history, problems/risk factors, lab tests, health education topics to be discussed with the patient, and a list of appointments. Instructions for the patient are provided in English and Spanish. Folder. (1984) Single copy free.

*Order from:* National Clearinghouse for Primary Care, 8201 Greensboro Dr., Suite 600, McLean, VA 22102. (703) 821-8955.

**Preventing Fetal Alcohol Effects: A Practical Guide for OB/GYN Physicians and Nurses** - Offers information to help health care professionals identify patients at risk for the health problems associated with alcohol consumption during pregnancy. 20 pp. (1983) Single copy free.

*Order from:* National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852.

**Preventing Low Birthweight** - Reviews the implications of low birthweight for child health, its causes and associated risks, and recent trends. This comprehensive report, prepared by the Institute of Medicine, recommends a variety of interventions, including measures to take before pregnancy, methods to identify high-risk women, improved accessibility of prenatal care, a public information program, and research. A shorter summary is also available. Full report, 284 pp. (1984) Single copy, $17.50. Summary, 41 pp. (1985) Single copy, $3.00. Discounts are available on bulk orders.

*Order from:* National Academy Press, 2102 Constitution Ave., NW, Washington, DC 20418.

**Promoting Nutrition Through Education: A Resource Guide to the Nutrition Education and Training Program** - Describes nutrition education materials developed by State education agencies, universities, and school districts participating in the Federal Nutrition Education and Training Program. Some of the materials are specific to geographic areas, but the content, format, or approach may be useful to others developing similar resources. Contact information is given for many of the materials; all are available on loan from the Food and Nutrition Center. The second section of the guide contains a bibliography of journal articles concerning NET. Stock No. 001-000-4436-2. 268 pp. (1984) Single copy, $7.50.

*Order from:* Superintendent of Documents, US Government Printing Office, Washington, DC 20402.

**Que Paso? An English-Spanish Guide for Medical Personnel** - Serves as a Spanish glossary and phrase book for health care workers. This guide was written for individuals with little or no Spanish-language background who work in a clinic, emergency room, or physician's office. It features the proper way to ask common questions in various medical situations and includes probable answers. A basic vocabulary list is also included. 69 pp. (1978) Single copy free.

*Order from:* National Clearinghouse for Primary Care, 8201 Greensboro Dr., Suite 600, McLean, VA 22102. (703) 821-8955.

**Reducing Perinatal Risks in Rural Areas: A Providers Manual** - Describes models of regionalized perinatal care and integrated perinatal services; provides assessment and action tools for improving perinatal care in one's community; summarizes special clinical considerations in rural obstetric and perinatal care. This reference manual is targeted to rural health care providers. 75 pp. (Available in 1986, price to be determined).

*Order from:* National Rural Health Care Association, 2220 Holmes, Kansas City, MO 64108.

**Removing Cultural and Ethnic Barriers to Health Care** - Presents proceedings of a national conference of social workers in leadership positions from across the country whose work focuses on maternal and child health. The purpose of the conference, held in Chapel Hill, was "to explore the variables that impact on the delivery of health care to persons of diverse ethnic and cultural identities." 265 pp. (1979) Single copy free.

*Order from:* National Maternal and Child Health Clearinghouse, 3520 Prospect St., NW, Suite 1, Washington, DC 20057.

**Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation** - Reports on a workshop held to assess the current status of breastfeeding in the United States and to develop strategies to facilitate breastfeeding. This workshop brought health professionals together to discuss the physiology and process of human lactation, the composition of human milk, trends in breastfeeding, socioanthropologic factors, and successful approaches for promoting breastfeeding. 93 pp. (1984) Single copy free.

*Order from:* National Clearinghouse for Maternal and Child Health, 38th and R Sts. NW, Washington, DC 20057

**Spanish-Language Health Information** - Provides a bibliography of resources and a directory of organizations focusing on health information available in Spanish. 7 pp. (1985) Single copy free.

*Order from:* National Health Information Clearinghouse, P.O. Box 1133, Washington, DC 20013-1133.

**Strategies for Promoting Health for Specific Populations** - Examines the health promotion needs, priorities, and concerns of minorities. This report is based on meetings held with representatives of five specific populations: Asian, Black, Hispanic Americans, elderly Americans, and Native Americans. Participants recommended ways to implement national health promotion objectives for each group, specifying priorities, needs for technical assistance and direct services, grants, manpower development, and information dissemination. DHHS Pub. No. (PHS) 81-50169. 53 pp. (1981) Single copy free.

*Order from:* National Health Information Clearinghouse, P.O. Box 1133, Washington, DC 20013-1133.

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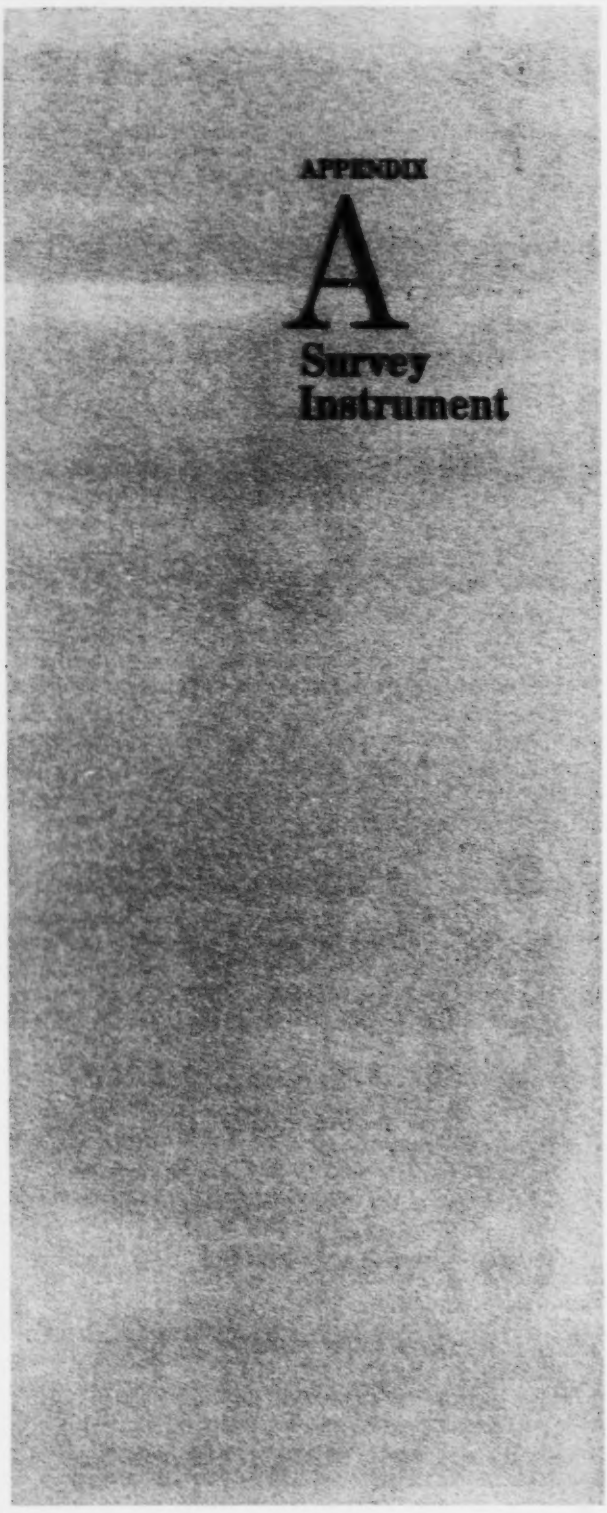


## HEALTHY MOTHERS/HEALTHY BABIES COALITION SURVEY

### METHODS AND MATERIALS FOR LOW-INCOME WOMEN

The purpose of this survey is to discover unique and effective educational or awareness programs and materials that are designed to improve the health and well-being of low-income women and their babies. All replies will be analyzed, compiled, and distributed in order that others may learn from successful programs and approaches.

**PROGRAM NAME:** _____

**CONTACT:** _____

**MAILING ADDRESS:** _____

_____

**PHONE NUMBER:** _____ ☐ Check if you would like to receive a copy of the finished compendium.

**A. TYPE OF CLIENT GROUP TARGETED** (check all that apply)

1. Income level:
   - ☐ Low-income only
   - ☐ Some low-income
2. Reading level:
   - ☐ Illiterate
   - ☐ 1st - 3rd grade
   - ☐ 4th - 6th grade
   - ☐ 7th - 9th grade
   - ☐ 10th grade and above
3. Age group(s):
   - ☐ Teenager (17 and under)
   - ☐ Young adult (18 - 29)
   - ☐ Older adult (30 and over)
4. Ethnic group(s):
   - ☐ Black
   - ☐ White
   - ☐ Hispanic
   - ☐ Native American
   - ☐ Asian/Pacific Islander
   - ☐ Other (specify)
5. Language(s) used in program/materials:
   - ☐ English only
   - ☐ Bilingual (specify language(s))
   - ☐ Other (specify)
6. Stage(s) to which program is directed:
   - ☐ Pre-pregnancy
   - ☐ Pregnancy
   - ☐ Post-partum
   - ☐ Newborn
   - ☐ Infancy
7. Special problems addressed:
   - ☐ Substance abuse
   - ☐ Inadequate nutrition
   - ☐ Sexually transmitted diseases
   - ☐ Other (specify)

**B. PROGRAM CHARACTERISTICS** (check all that apply)

1. Length of time program has operated:
   - ☐ Less than 1 year
   - ☐ 1 - 3 years
   - ☐ More than 3 years
2. Program site:
   - ☐ Health care facility
   - ☐ Home
   - ☐ School
   - ☐ Workplace
   - ☐ Church/synagogue
   - ☐ Public facility/community building
   - ☐ Other (specify)
3. Funding sources:
   - ☐ Federal Government
   - ☐ State/local government
   - ☐ Business
   - ☐ Foundation
   - ☐ Agency/organization budget
   - ☐ Client contribution
   - ☐ Other (specify)
4. Other agencies cooperating in your program:
   - ☐ Church
   - ☐ Hospital
   - ☐ Business
   - ☐ Government
   - ☐ Community organization
   - ☐ Clinic
   - ☐ School/college
   - ☐ Other (describe)
5. Research activities conducted for your program:
   - ☐ Market research
   - ☐ Community needs assessment
   - ☐ Program evaluation
   - ☐ Other (specify)

**C. MATERIALS**

1. Specify promotional or educational materials used (check all that apply):

| | | |
|---|---|---|
| ☐ Film | ☐ Filmstrip | ☐ PSA (Public Service Announcement) |
| ☐ Videocassette | ☐ Brochure | ☐ TV |
| ☐ Slide-tape presentation | ☐ Fact Sheet | ☐ Radio |
| ☐ Slides only | ☐ Poster | ☐ Participant Workbook |
| | | ☐ Other (specify) |

2. Were materials produced or developed by your program/agency?

☐ no ☐ yes If yes, give title(s) and type of materials and tell whether copies are available (attach separate page if necessary).

3. Were materials prepared by or obtained from another source?

☐ no ☐ yes If yes, specify title(s) and source(s) of materials you would recommend to others (attach separate page if necessary).

4. Are there materials currently unavailable that you would like to see developed? Describe subjects and formats.

**D. NARRATIVE** (Attach separate page if necessary)

***1. Program Description:*** List the program's goals and objectives. Describe as fully as possible what the program does, how it operates, and whom it serves, focusing on any "unique" features or approaches directed to low-income women.

***2. Evidence of Success:*** Highlight the achievements of the program in terms of the program's goals and objectives. Cite specific accomplishments and methods of evaluation; give examples. Include any pertinent statistics or rates of success, such as a decrease in maternal and infant complications.

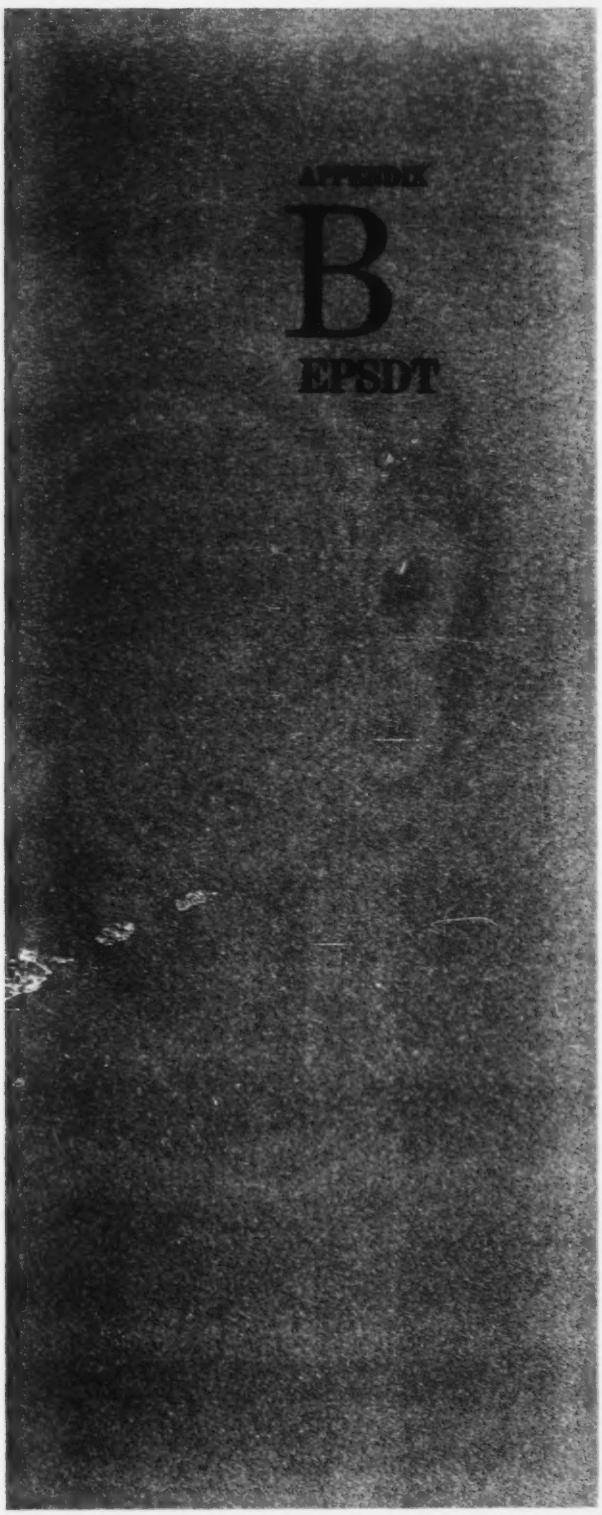
***3. Comments:*** What advice would you give to others who may be interested in replicating your program? Why did it work or not work? (Be as specific as possible.)

**Please attach copies of promotional materials, curriculum outlines, educational materials, needs assessments, or market research or other reports that were produced especially for your program.**

healthy mothers, healthy babies

**Mail the completed survey form to:**

**Compendium**
**Healthy Mothers/Healthy Babies**
**P.O. Box 47**
**Washington, DC 20044**




## MEDICAID ELIGIBILITY FOR PREGNANT WOMEN/EPSDT OPTIONS

Recent Congressional actions expanded the eligibility of pregnant women for Medicaid services.

### Mandatory Eligibles

***The Deficit Reduction Act of 1984*** (DEFRA) (P.L. 98-369) required States to provide Medicaid services to those pregnant women (from the time of medical verification of pregnancy) who could meet income and resource requirements of the Aid to Families with Dependent Children (AFDC) program and who:

1. were pregnant for the first time and would be eligible for AFDC if the child were born, including those pregnant women in an AFDC-unemployed-parent-type family whether or not the State has elected to provide case assistance to this group; OR
2. were in two-parent families where the principal breadwinner was unemployed.

Coverage was effective on October 1, 1984, except where a State applied to the Secretary of Health and Human Services for approval of delay in implementation because its legislature must pass a law to amend the State Medicaid plan to conform to Federal legislation.

As of March 1, 1985, all but six States are believed to have implemented these two provisions.

### Optional Eligibles

The ***Tax Equity and Fiscal Responsibility Act of 1982*** (TEFRA) (P.L. 97-248) permitted States to provide Medicaid services to pregnant women who were not eligible for AFDC cash benefits, but who nonetheless met the income and resource requirements of the AFDC program. (Prior to TEFRA, this option was available as coverage for "unborn" children.)

As of March 1, 1985, 22 States provided this optional categorically needy coverage to pregnant women, the largest group of whom are in low-income two-parent families.

The ***Omnibus Budget Reconciliation Act of 1981*** (OBRA) (P.L. 97-35) required States which cover any medically needy recipients to provide, at a minimum, prenatal and delivery services for pregnant women.

As of March 1, 1985, 35 States provided medically needy coverage to pregnant women. However, in eight States, the service package for medically needy pregnant women differed from that offered to the categorically eligible pregnant women.

## MEDICAID COVERAGE OF PRENATAL CARE

States have considerable flexibility to design and finance prenatal care benefit packages by using existing Medicaid authority for coverage of preventive care services.

The Medicaid program interprets preventive care as including those services that (1) involve direct patient care; and (2) are for the express purpose of diagnosing, treating, or preventing (or minimizing the adverse effects of) illness, injury, or other impairments to an individual's physical or mental health.

Many Medicaid-covered services have preventive elements. Some are targeted specifically to children and pregnant women. For example, any State program for the "medically needy" must at a minimum, provide pregnant women with prenatal care and delivery services. Medicaid comparability requirements further assure that those services provided to the medically needy must also be provided to the categorically needy.

In addition, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program may be used to provide pre-pregnancy risk education, family planning, and services to pregnant teenagers.

Beyond covering preventive care as an integral part of other Medicaid services, States can cover preventive care as a separate optional benefit. Regulations at 42 CFR 440.130(c) define such services as:

"...services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to—

1. Prevent disease, disability and other health conditions or their progression;
2. Prolong life; and
3. Promote physical and mental health and efficiency.

The services must involve direct patient care; they must also be directly concerned with the patient's environment; and they must also be directly and primarily concerned with the recipient's health needs (as opposed to services aimed primarily at addressing basic life needs which affect health only indirectly).

### Using EPSDT Authority to Expand Benefits and Improve Health Care Delivery

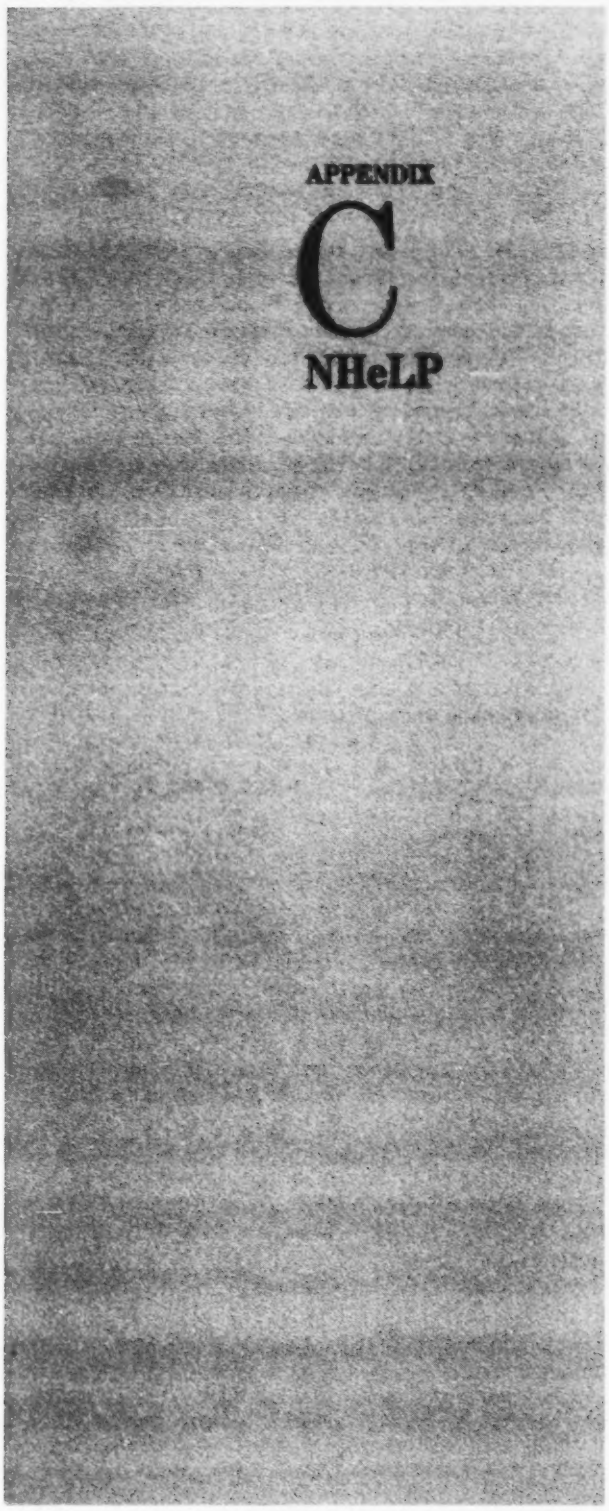
Pregnancy testing can be made a regular part of the EPSDT screening examination and it can be authorized for reimbursement at frequent intervals. Girls found to be pregnant can be given extensive medical, health, and emotional support services that can be billed under EPSDT. Such services might include health, psychosocial, and nutritional assessments; counseling on the hazards of tobacco, drug, and alcohol use; pregnancy-related vitamins; childbirth education; and parent training. Family planning services could be provided as well. In communities with high rates of teen pregnancy, the State could launch an aggressive outreach campaign to bring adolescent girls into the EPSDT program, and it could contract with providers qualified to conduct pregnancy testing (perhaps in the schools) and deliver a special prenatal care package to improve pregnancy outcome.

EPSDT also may be used to finance increased benefits for at-risk infants. The maternity ward is an ideal place for States to conduct EPSDT outreach. At the mother's request, the State could ensure that hospital and physician providers bill the infant's initial health examination as the first EPSDT screen. Extended hospital stays for premature and other sick newborns then could be covered under EPSDT. The same is true for any necessary medical or surgical procedure. Infant therapies to improve psychosocial functioning could be authorized as well. In addition, the EPSDT program could provide reimbursement for screening examinations additional to those in the State's periodicity schedule.

Several States have begun to use the EPSDT program as part of an overall strategy to reduce infant mortality. In California, counties are preparing perinatal care plans that include EPSDT services. In Connecticut, the EPSDT manager is a member of the perinatal task force that sets and monitors quality standards for hospital services to newborns.

Minnesota relies on EPSDT to help finance four high school clinics located in the inner city area of St. Paul. The initial purpose of the clinics was to provide pregnancy testing and prenatal care. They since have expanded to offer comprehensive health services to the entire student population. Pediatric care for infants now is available as well. Obstetrical services, screening examinations, family planning services, health education, and well baby care all are provided at the school sites. Diagnostic and treatment services are delivered on an outpatient or inpatient basis at the St. Paul Ramsey Hospital. Tests and screening examinations for Medicaid-eligible children are billed to EPSDT; other services, however, are charged to the regular Medicaid program.

□□□




## NHeLP SERVICES/LEGAL STRATEGIES

The National Health Law Program (NHeLP) is a Legal Services Corporation-funded national support center that provides technical assistance and training to lawyers and advocates across the country. Assistance ranges from answering questions about specific health programs to more detailed research and analysis, to helping with litigation efforts. NHeLP also prepares resource materials including a health law newsletter, detailed guides, and articles on specific health programs/problems.

In January 1982, NHeLP began a Maternity Care/Infant Mortality Project in response to requests from legal services lawyers for assistance involving pregnant women seeking prenatal and hospital care. Since that time, the project has gathered and developed extensive legal materials and files on Medicaid, Hill-Burton hospitals' responsibilities, the Maternal and Child Health Block Grant, State and local legislative provisions for health care, and other related laws pertaining to poor women. This data collection effort produced *Birth Rights: An Advocate's Guide to Ending Infant Mortality* (August 1983).* Also available is a basic flyer for low-income women entitled "How to Get Care for Your Pregnancy and Birth."

One goal of the Maternity Care/Infant Mortality Project is to examine obstacles to access to maternity care service — both health services and other support services necessary to ensure a healthy pregnancy and a healthy baby. A second goal is to help local and national advocates devise strategies that remedy these obstacles. The third goal is to serve as a legal resource to those who need assistance to understand existing health legislation and how to best use the law to help women obtain maternity care.

Specific areas that the Maternity Care/Infant Mortality Project are working on include:

### Medicaid Provider Advocacy

Under current law, physicians are not required to see Medicaid patients. According to NHeLP research, obstetricians are more reluctant to see Medicaid patients than physicians in any other specialty. Seeking to increase the number of physicians and alternative providers who will care for Medicaid patients is a viable strategy. Many studies have found that an increase in Medicaid fees *will* significantly increase the number of physicians participating and the extent of participation. If increasing fees is chosen as a strategy, advocacy groups can attempt to negotiate a fee increase in their State, or failing that, bring litigation under a number of legal theories.

*Available from National Health Law Program, Inc., c/o Kathleen Stoll, 2025 M Street N.W., Suite 400, Washington, D.C. 20036.

A large body of research shows that simplifying and expediting the reimbursement process also will increase the willingness of physicians to treat Medicaid patients. Again, the problem can be approached through administrative advocacy with the State or through litigation. Encouraging the adoption of simplified claim forms or the adoption of a universal claim for Medicaid, Medicare, Blue Cross, and private insurers is one avenue. Other avenues may be pursued around "red tape" reimbursement problems such as the institution of case management with capitated payment for services rather than fee-for-service payment. (It is important that safeguards to ensure adequate services and quality of care to Medicaid recipients are built into case management systems.)

Those working on provider participation expansion can find potential remedies in the Medicaid Act. For example, under 42 U.S.C. S1396(a)(19), States are required to use methods of determining eligibility that are not unnecessarily complicated or time-consuming. States cannot administer the provisions for services in a way which "adversely affects the availability of the care to be provided."

A State can take steps to increase provider participation in Medicaid through its regulatory powers. For example, a State licensing board can require *all* physicians to treat Medicaid patients under certain circumstances such as emergencies. A State might also require that graduates of its State-supported medical schools accept a certain number of Medicaid patients for a certain number of years following graduation. States can also take steps to expand the participation of alternative providers, such as nurse-midwives, by reimbursing them at the same rate as physicians providing the same services. The Maternity Care/Infant Mortality Project can provide technical assistance with these legislative initiatives.

The Federal Equal Credit Opportunity Act and implementing Regulation B can be a tool in increasing access to care for Medicaid patients. The Act and Regulation B prohibit discrimination in any aspect of a credit transaction on the ground that any part of the applicant's income derives from a public assistance program. Any person who regularly extends credit is covered by the Act. Thus any doctor or hospital that regularly provides services without requiring full payment at the time services are rendered, by billing patients later or accepting reimbursement from private insurance companies, is a "creditor." As a creditor, the doctor or hospital cannot discriminate against persons applying for services because they are Medicaid recipients.

**Hill-Burton Hospital Obligations**

NHeLP has prepared a 108-page *Advocate's Guide to Hill-Burton Uncompensated and Community Services*. The manual contains an explanation and analysis of the new Federal regulations under the Hill-Burton Act, as well as strategies for aggressive enforcement.*

The Hill-Burton Act is a Federal law that gave public funds to hospitals and nursing homes to build and remodel their facilities. In return for this money, these hospitals and nursing homes promised to set aside a certain amount of free or reduced-cost care to low-income people for 20 years. This promise is called the facility's "free care" obligation. Hill-Burton hospitals also promised to make services available to all persons living in their services area. This "community service" obligation must be provided indefinitely. A Hill-Burton hospital must take any necessary steps to ensure that admission to and services of the facility are available to Medicaid patients without discrimination. If some of the physicians in a particular department of a hospital will not treat Medicaid patients, so that some Medicaid patients are excluded from a service, the hospital is in violation of the community service obligation.

The Hill-Burton Act can be used as leverage to provide prenatal care. For example, one rural community group used information negotiations with a hospital to convince administrators to require their obstetricians to accept Medicaid as a condition of receiving staff privileges. All of the obstetricians within the community belonged to one medical practice and comprised the entire ob-gyn section of the only local hospital. Because none of the obstetricians would accept Medicaid patients, the hospital was out of compliance with the community service obligation. Similarly, publicity and a thorough knowledge of the Hill-Burton Act regulations helped community groups in Plymouth, Massachusetts, convince a hospital that its staff could not ignore their obligation to the poor. The result there was a new clinic providing prenatal care and other ob-gyn services to all women, with Medicaid patients treated free and other patients allowed to pay in small installments.

The Maternity Care/Infant Mortality Project can help citizens plan strategies to improve provider participation in low-income maternity care and learn how the Hill-Burton Act has been successfully used in other communities.

**Alternative Providers Issues**

The Maternity Care/Infant Mortality Project is interested in expanding the scope of midwives' practice through broader State regulations. Certified nurse-midwives face obstacles preventing them from practicing such as restrictions of privileges at hospitals, inability to find physician back-up, and increased premiums for the physicians willing to provide medical

*Available from the National Clearinghouse for Legal Services, 500 N. Michigan Avenue, Suite 940, Chicago, Illinois 60611

back-up to midwives from their malpractice insurance carriers. Yet midwifery practice is an excellent way to provide care to low-risk women, that is, women who have normal, healthy pregnancies.

**OTHER STRATEGIES**

The list of possible legal avenues for expansion of prenatal and maternity services with which the NHeLP Maternity Care/Infant Mortality Project can help groups includes:

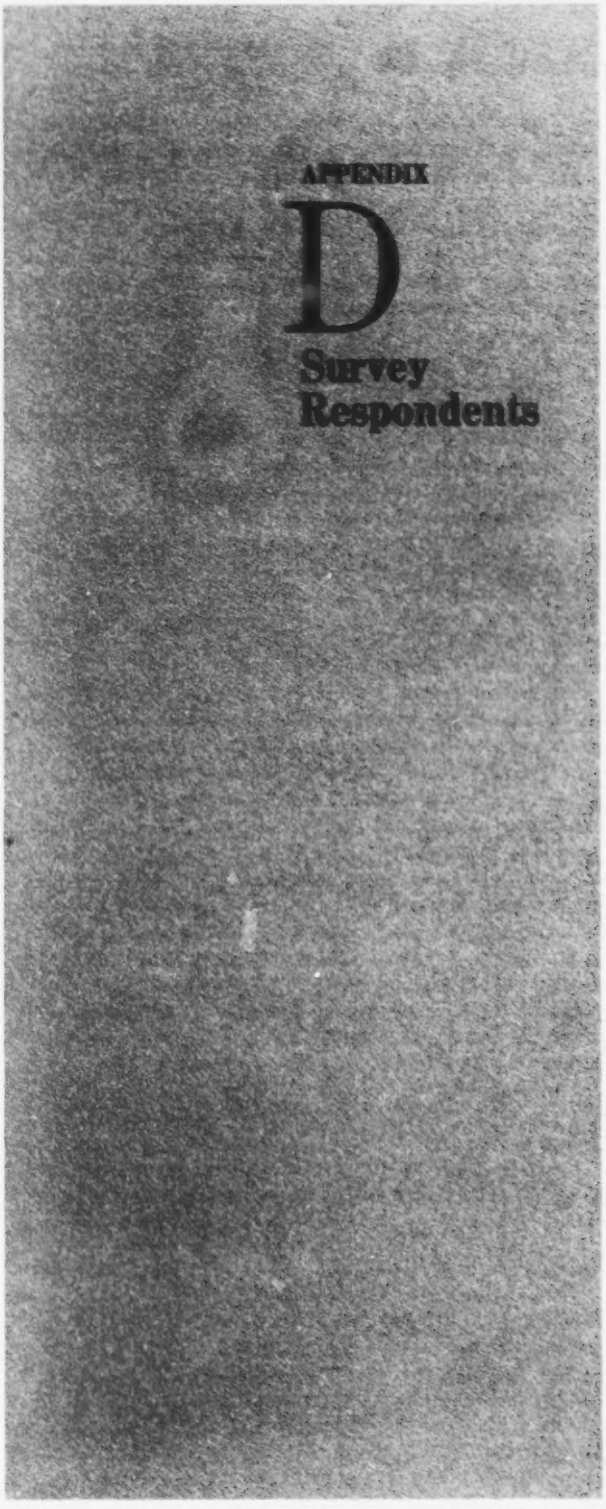
- *State emergency care statutes which clearly define "emergency" to include labor. These statutes require* all *hospital emergency rooms to provide services to "emergency" patients without regard to the patients' ability to pay.*
- *State medical malpractice legislative reforms which fairly balance the legal rights of low-income women against the need to have reasonably priced professional liability insurance available to obstetric care providers.*
- *State expansion of the* content *of prenatal care programs for low-income women so that* all *medically necessary care is provided. Federal legislation currently under consideration will give States the* option *to provide other services (e.g., health education, prenatal health counseling, other preventive services) to pregnant women under their Medicaid program even if such services are not available to other classes of Medicaid recipients. It should be remembered that even without this Federal legislation, States can choose to fund expanded services without Medicaid matching money. (See Appendix B: EPSDT Services)*
- *State expansion of Title V Maternal and Child Health Block Grants programs targeted at low-income, high-risk prenatal and delivery services.*
- *Community Health Centers have traditionally served a large percentage of low-income women. The project could assist a group investigating how to start a private prenatal and/or birthing center, and help research new ways to fund the center.*

The NHeLP Maternity Care/Infant Mortality Project is willing to provide legal assistance for those promoting healthy mothers and healthy babies and those pursuing avenues in their State and local communities to help low-income women. Contact NHeLP at:

(Main Office)
2639 South La Cienega Blvd
Los Angeles, CA 90034
(213) 204-6010

or

(Branch Office)
2025 M Street, NW, Suite 400
Washington, DC 20036
(202) 887-5310



B. Norman Barwin MD
President
Planned Parenthood
770 Broadview Ave Ste B-1
Ottawa K2A 3Z3
2c 3c 4a 6d 7bhmu

Early Prenatal Ed Curriculum
AK Dept Hlth Svcs
Carolyn Aoyama
525 E 4th Ave
Anchorage AK 99501
2c 3c 4abd 6bc 7ihkmu

AK Counc on Prev of Alcohol
and Drug Abuse
Claudia Shanley Brunner
7521 Old Seward Hwy Ste A
Anchorage AK 99502
2d 3c 4abcde*f 6d 7m

WIC Prog--Anchorage
Dept Hlth/Environ Protection
Beverly K Jones RD
Pouch 6-650
Anchorage AK 99502
3c 4abc*de 6d 7nhjm

PHS AK Native Med Ctr
MCH Ofc
Gail Stewart
US Pub Hlth Svc
Box 7-741
Anchorage AK 99510
2d 3c 4d 6bc 7ghm

AL Area Native Hlth Svc
Nutrition Sect
Elizabeth D Nobmann
Chief
PO Box 7-741
Anchorage AK 99510
2bc 3c 4d 6d 7gh

Yukon-Kuskokwim Parent-Child
Prog
Sharon Hodgins
Superv
PO Box 925
Bethel AK 99559
2c 3c 4d* 6c 7khm

WIC Prog--Fairbanks Hlth Ctr
Sharon Bell
800 Airport Way
Fairbanks AK 99701
2bc 3b 4abcde 6bc 7nhm

Pub Hlth Nurse
Lissa Bliesath PHN
PO Box 316
Ft Yukon AK 99740
2bc 3c 4bd* 6d 7bhm

State Pub Hlth
Pub Hlth Nurse
Box 64
Galeva AK 99741
2c 3b 4d 6b 7ihm

WIC Prog--Manila Assn
Virginia Flanders
PO Box 256
Kotzbue AK 99752
2ab 3b 4d* 6bc 7nhm

WIC Prog
Norton Sound Hlth Corp
Amelia Dickerson
Box 966
Nome AK 99762
2d 3c 4bcdef 6bc 7nhm

Nutrition Svcs (WIC)
AL Dept Hlth/Social Svcs
Joan M Pelto
Pouch H-06B
Juneau AK 99811
2d 3c 4bc*d*e 6bc 7ch

ESPDT/AK Dept Hlth & Social Svcs
Section of Nursing
Jane Miller
Prog Coord
Pouch H-06 E
Juneau AK 99811
2d 3c 4abd* 6d 7e

Public Hlth Clinic
Pam Ford
PHN
State of AK
Box 379
Wrangell AK 99929
2d 3c 4bd 6b 7bhmu

Med Ctr East Family
Practice Ctr
John L. Buckingham MD MPH
7833 2nd Ave S
Birmingham AL 35206
2bc 3ab 4ab 6d 7bhmuv

Parent Child Ctr
Betty Harrold
Dir
2101 West Daniel Payne Dr
Birmingham AL 35214
2bc 3c 4a 6c 7kh

A Westside Adolescent
Resource and Educ Proj
Katherine Helm-Hinton
Mande L Whattey Hlth Ctr
2731 - 32nd Ave
Tuscalossa AL 35401
2d 3c 4a 6d 7ahijmu

W Al Hlth Svcs/Prenatal
Prog & Infant Hlth
Nancy Garnand
Prog Instructor
607 Wilson Ave
Eutau AL 35462
2d 3c 4ab 6d 7chmtu

WIC Prog--Winston Cty
Deborah G Pruitt
PO Box 57
Double Springs AL 35553
2d 3ab 4ab 6bc 7nhm

WIC Prog--Marion Cty
Marion Cty Hlth Dept
PO Box 103
Hamilton AL 35570
2d 3c 4abde 6bc 7nh

Southern Rural Hlth Care
Consortium
Margaret Cunningham
Exec Dir
lklkl
PO Drawer N
Red Bay AL 35582
2ab 3b 4ab 6d 7lhm

WIC Prog--De Kalb Cty
Ethel Smith RN
PO Box 347
Fort Payne AL 35967
2d 3c 4abc 6d 7nhm

Autauga Cty Hlth Dept
PO Box G
Prattville AL 36067
2c 3c 4ab 6d 7chjmu

St Margarets Hosp Nurse
Midwifery Prog
Sister Mary Kay
303 S Ripley St 4800
Montgomery AL 36104
2d 3c 4abcde*f 6bc 7chuv

Bur of Dental Hlth
AL Dept Pub Hlth
Naseeb L Shory DDS MPH
Dir
434 Monroe St
Montgomery AL 36130
6cd 7q

AL Dept Pub Hlth
Child Restraint Prog
James McVay
Dir
Bur Primary Prev
206 St Ofc Bldg
Montgomery AL 36130
2c 3c 4abcdef 6bc 7k

AL Dept of Pub Hlth
-Family Hlth Admin
Sharon V Jordan
434 Monroe St
Montgomery AL 36130-1701
2c 3c 4ab 6d 7chmu

Montgomery Cty Hlth Dept
Mary Hosselwonder
PO Box 4008
Montgomery AL 36195-3601
2c 3c 4ab 6d 7chu

Prenatal Classes
Jacksonville Hosp
Box 229
Jacksonville AL 36265-3399
2c 3ab 4abe 6b 7lhu

Houston Cty Hlth Dept
Maternity Clinic
PO Box 2087
Dothan AL 36302
2c 3c 4ab 6b 7chjmu

WIC Prog--Houston Cty
Sue H Garner RN
PO Drawer 2087
Dothan AL 36302
2d 3c 4abc*e* 6d 7nh

Pregnancy Plan
Univ of S AL
Micki Cabanios
2451 Fillingim St
Mobile AL 36617
2d 3c 4ab 6b 7ik

Family-Oriented Primary
Hlth Care Clinic
John R Williamson
Mobile Cty Hlth Dept
PO Box 2867
Mobile AL 36652
2d 3c 4abe 6d 7chmu

Families on the Grow
Irene K Lee, MD
Univ of Arkansas
Box 4007
Pine Bluff AR 71601
2bc 3a 4abe 6ab 7ahkmu

ACCESS
Betty Peters
PO Box 1153
Pine Bluff AR 71613-1153
2bcd 3a 4abc 6d 7aku

AR Hwy Safety Prog
Angela Powers
1 Capitol Mall 4B-215
Little Rock AR 72201
2ab 3ab 4ab 6bc 7k

Florence Crittenton Home Svcs
Beverly J Holcomb MD
3600 W 11th
Little Rock AR 72204
2ab 3ab 4abc*de 6bc 7ahmu

TOPPS--Teen Obstetrical
Perinatal-Parenting Svcs
Lee Lee Doyle MD
Univ of AK OB/GYN Dept
Slot 518 UAMS
Little Rock AR 72205
2c 3a 4ab 6bc 7abhimuv

Infant CPR (Cardiopulmonary
Resuscitation)
Deborah D Carmen RN BSN
Vol Dir Nursing/Hlth Care Svcs
American Red Cross/Pulaski Cty
401 S Monroe
Little Rock AR 72205
2c 3c 4abcde 6d 7kv

Hlthy Beginnings
James McHaney
AR Dept of Hlth
4815 W Markham
Little Rock AR 72205-3867
2d 3c 4abc 6bc 7bhmu

Mississippi Cty Nurse Midwife
Prog
PO Box 1047
Blytheville AR 72315
2d 3c 4ab 6bc 7ihu

**KEY**

The codes following each respondent organization name and address correspond with these program characteristics:

**Reading level**
2a - Illiterate
2b - 1st-3rd and 4th-6th grades
2c - 7th-9th and 10th grade and above
2d - all levels

**Age(s)**
3a - Teenager
3b - Young adult and older adult
3c - Both

**Ethnic group(s)**
4a - Black
4b - White
4c - Hispanic
4d - Native American
4e - Asian/Pacific Islander
4f - Other

**Language(s)**
Asterisk after ethnic group above indicates use of language other than English

**Stage(s)**
6a - Pre-pregnancy
6b - Pregnancy
6c - Post-partum, newborn, infancy
6d - All

**Special Problems Addressed**
7a - Adolescent Pregnancy
7b - Comprehensive
7c - Comprehensive program/health department
7d - EFNEP
7e - EPSDT
7f - Midwife programs
7g - Native American
7h - Nutrition
7i - Prenatal
7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Hlthy Beginnings
Kathey Boeckmann RN
Inservice Spec
111 Cook St
Forrest City AR 72396
2c 3ab 4ab 6d 7fhmu

High Risk of Teenage Pregnancy
Tena Crowe
NE Arkansas March of Dimes
Box 7062
Jonesboro AR 72403
2c 3a 4ab 6a 7ahu

D Musgrove RN
Mansfield Pub Sch
PO Box 417
Mansfield AR 72944
2c 3a 4b 6ab 7a

WIC/Maternity-Child Hlth
AK Dept Hlth--Franklin Cty
Bertha Myers RN
Franklin Co Hlth Unit
207 N 4th St
Ozark AR 72949
2c 3ab 4b 6bc 7nh

Maternal/Child Hlth
Pub Hlth Div Amer Somoa Govt
Diana Pilitati
Pub Div Dept Hlth Svcs
Pago Pago AS 96799
2bc 3ab 4e* 6d 7jhu

E AZ Mental Hlth Ctr
Anne Penney
PO Box 2426
Opelika AZ 36803-2426
2b 3ab 4ab 6c 7k

Maricopa Cty Hlth Dept
Title V Nutrition Svcs
Shirley Strember MS RD
1825 E Roosevelt
Phoenix AZ 85006
2b 3c 4abc*de 6d 7chm

Maricopa Cty WIC Prog
Steve Buckles RD
WIC Admin
Maricopa Cty Hlth Dept
1825 E Roosevelt
Phoenix AZ 85006
2d 3c 4ab*cd* 6bc 7n

AZ Dept Hlth Svcs
Ofc Hlth Educ
Donna Shomer
1740 W Adams
Phoenix AZ 85007
2b 3c 4abcdef 6d 7chm

Nurse-Midwifery Dept Phoenix
Mem Hosp
Ann Marie Faxel CNM
Dir HMS
1201 S 7th Ave
Phoenix AZ 85007
2c 3ab 4abc* 6bc 7fh

Phoenix Indian Med Ctr--Comm
Hlth
Mary Beth Skupien DCHM
US Pub Hlth Svc
4212 N 16th St
Phoenix AZ 85016
2c 3c 4g* 6bc 7gmu

Phoenix Area Indian Hlth Svc
N Buroon Attico MD
Indian Hlth Svc
3738 N 16th St
Phoenix AZ 85016
2c 3c 4d 6d 7ghmu

Inter-Tribal Counc of AZ/WIC
Mary Hoskin
Nutritionist/Admin
124 W Thomas Ste 201
Phoenix AZ 85018
2d 3c 4d* 6d 7nhm

Casa Linda Lodge--Catholic
Family & Comm Svcs
Annemarie A Lopez
Exec Dir
1825 W Northern
Phoenix AZ 85021
2bc 3ab 4abcd 6b 7ihv

Chicanos Por la Causa/Via
De Amistad
Lisa Large MSW
March of Dimes Found
1402 S Central
Phoenix AZ 85034
2c 3ab 4abc*d 6bc 7bhkmuv

WIC/Perinatal Proj--Pinal
Cty Hlth Dept
Darlene Jordon RN
PO Box 807
Florence AZ 85232
2d 3c 4abc* 6bc 7nh

Marana Comm Clinic
Chris Winters
13644 N Sandario Rd
Marana AZ 85238
2d 3c 4abc*d 6d 7bhkmu

Scottsdale Mem Hosp
V Rafferty RN
Dir Maternal/Child Hlth
7400 E Osborn
Scottsdale AZ 85251
2c 3c 4abc*def 6bc 7b

WIC Prog--Salt River
Pima-Maricopa Indian
Hazel M Thomas
Salt River Hlth Svcs
Rt 1 Box 216
Scottsdale AZ 85256
2c 3c 4d 6d 7nhm

WIC Prog--Avondale Primary Care
Ctr
Carol Heinz
Marion Cty Dept Hlth Svcs
501 N 8th St
Avondale AZ 85323
2b 3c 4abc*d 6bc 7nh

Dept Econ Security--Admin
for Children Youth Families
Laurie White
AZ Dept HH Svcs
350 W 16th St Ste 232
Yuma AZ 85364
2d 3c 4abc*def 6d 7chmpu

Yuma Cty Hlth Dept
Perinatal Proj
Sally Lewis RN MPH
Dir Nursing
201 2nd Ave
Yuma AZ 85364
2d 3c 4abc* 6bc 7ih

Catholic Comm Svcs in Yumg
Phyllis Rowe
Child Welfare Worker
301 S 2nd Ave Ste 2
Yuma AZ 85364
2d 3c 4abc*def 6d 7ihmu

WIC Prog--Valley Hlth Ctr
Nancy L Meister RD
WIC Dir
164 4th Ave
Yuma AZ 85364
2d 3c 4abc* 6bc 7nhm

Greenlee Cty Hlth Dept
Rochelle Figueroa
PO Box 936
Clifton AZ 85533
2c 3c 4bc* 6d 7nh

Catholic Comm Svcs (Santa Cruz)
Franic Vargas MSW
475 Grand Ave
Nogales AZ 85621
2d 3c 4bc*d 6d 7bmv

Santa Cruz Cty Prenatal Prog
Rosa A Garcia RN
200 La Castellana Dr
Nogales AZ 85621
2c 3c 4bc* 6d 7chijmtu

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4b - White
4c - Hispanic
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4e - Asian/Pacific Islander
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7c - Comprehensive program/health department
7d - EFNEP
7e - EPSDT
7f - Midwife programs
7g - Native American
7h - Nutrition
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7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Santa Cruz Cty Hlth Dept
Diabetis Millitus Screening Prog
Lora Zeinun PN
200 La Castellana Dr
Nogales AZ 85621
2c 3c 4c* 6b 7iht

Indian Hlth Svc
Sells Svc Unit
Felix D Hurtado MD MPH
US Pub Hlth Svc
Box 568
Sells AZ 85634
2b 3c 4d* 6d 7ghmu

Pima Cty Hlth Dept
Perinatal Prog
Carol M Lyons
175 W Ilvington
Tucson AZ 85714
2d 3c 4abc*de 6bc 7chmu

Improved Pregnancy Outcome Prog
High Risk Maternity Prog
Mary Ellen Kenivorthey RNP
Apache Cty Hlth Dept
PO Box 697
St Johns AZ 85936
2bc 3c 4bc 6bc 7ihm

Prenatal Svcs
Apache Cty Hlth Dept
Shelee T Seymour
4 Week Svcs-Coordinated Ext
Agent-Home Ec
PO Box 369
St Johns AZ 85936
2c 3c 4bcd 6bc 7ihmv

Child Abuse Prevention Proj
AZ Dept Econ Security
Cathy Maxwell
PO Box 339
St Johns AZ 85936
2bc 3ab 4bc* 6d 7khmp

WIC Prog--White Mtn Apache Tribe
Cornelia Hoftman
Box 18
Whiteriver AZ 85941
2c 3c 4d* 6d 7nhm

Childbirth Ed
Coconina Cty Dept Pub Hlth
Laura Laughran
2500 N Fort Valley Rd
Flagstaff AZ 86001
3c 4abcd 6bc 7khio

Fam Plng/Child Hlth Coord Proj
Coconino Dept Pub Hlth
Sonya Moore RN
2500 N Fort Valley RD
Flagstaff AZ 86001
3c 4abc*de 6d 7khu

WIC--Coconino Cty Dept
Pub Hlth
Sheila Walsh
Pub Hlth Nutritionist
2500 N Fort Valley Rd
Flagstaff AZ 86001
2d 3c 4abc*def 6d 7nhmo

Keams Canyon DHHS Hosp
Eric Henley MD
US Pub Hlth Svc
Keams Canyon AZ 86034
2c 3c 4d 6d 7g

Womens Hlth Care Emphasis
Rose Rowan RN
OB/GYN Nurse Practitioner
PO Box 888
Keams Canyon AZ 86034
2bc 3c 4d 6ab 7ihu

Indian Hosp
US Pub Hlth Svc
Tuba Cy AZ 86045-2927
2d 3c 4d* 6d 7ghmu

Navajo Area Indian Hlth Svc
B Carol Milligan CNM
Acting MCH Consultant
US Pub Hlth Svc
PO Box G
Window Rock AZ 86515
2d 3c 4d* 6d 7ght

WIC Prog--Navajo Nation
Kenneth Souza MPH RD
Chief Nutritionist
PO Drawer 1390
Window Rock AZ 86515
2bc 3c 4bd* 6d 7nh

Portland Hlth Care Ctr
Judyth Vait
Dir
PO Box 88 N Main St
Portland Ak 71663
2bc 4abc* 6ab 7ihu

Satilla Area Substance
Abuse Prog
Frances E Fields
1305 Pendergast St
Waycross CA 31501
2d 3c 4ab 6b 7m

WIC Prog--LA
Pam McCandless
WIC Coord
Nutrition Sect Box 60630
New Orleans CA 70130
2c 3c 4abc*e* 6bc 7nhm

WIC Prog
Watts Hlth Found
Valerie E Coachman-Moore MPH RD
WIC Dir
10300 S Compton Ave
Los Angeles CA 90002
2bc 3c 6d 7n

Comm Perinatal Direct Svcs
or Maternal/Child Hlth
Rosyland Frazier
Watts Hlth Found
10300 Compton Ave
Los Angeles CA 90002
2d 3c 4ac 6bc 7bhjmu

Prenatal Enhancement Prog
H Claude Hudson Comp Hlth Ctr
Phyllis Paxton
2829 S Grand
Los Angeles CA 90007
2d 3c 4abc*e 6bc 7ihm

THE Clinic for Women
Anita L Gonzalez
3860 W Martin Luther King Blvd
Los Angeles CA 90008
2d 3c 4abce* 6d 7ihm

Crittenton Ctr for Young
Women and Infants
Nancy Tallerino LCSW
234 E Ave 33
Los Angeles CA 90031
2bc 3a 4abcde 6d 7bhmpu

Salvation Army Booth Mem Ctr
Joyce Johnstone
2670 Griffin Ave
Los Angeles CA 90031
2c 3c 4abc* 6d 7abhmuv

Inter-Agy Anti-Smoking Prog
with Pregnant Women
Rob Simmons
American Lung Assn/LA Cty
PO Box 36929
Los Angeles CA 90036-0926
2b 3c 4abc 6bc 7m

Baby & Tracking
Arthur Lisbin MD
7601 E Imperial Hwy
Bldg 307 Rancho Los Amigos Hosp
Downey CA 90242
2ab 3c 4abc*def 6c 7k

Youth and Family Ctr
Gayle Nathanson
Exec Dir
Lawndale YMCA
14512 Larch Ave
Lawndale CA 90260
2d 3a 4abc*de 6d 7ahmu

Los Alamitos Med Ctr
Marjorie Pyle
3751 Katella Ave
Los Alamitos CA 90720
2c 3b 4abc*e 6d 7ihs

Long Beach Family Plng
Mindy Perkinson
101 Atlantic Ave
Long Beach CA 90802
2d 3c 4abc*e 6ac 7ju

Prenatal Care Utilization Proj
Long Beach Pub Hlth Dept
Lynn McKibbin RN
Proj Dir
2655 Pine St
Long Beach CA 90806
2bc 3c 4abc* 6bc 7ih

WIC Prog--Long Beach
Iris Schutz
2125 Santa Fe Ave
Long Beach CA 90810
2d 3c 4abc*de*f

American Red Cross
Pasadena Chap
Ruth A. Wong RN MPH
PO Box 91087
Pasadena CA 91109-1087
2c 3b 4abcde 6bc 7bhkmu

San Fernando Valley
Child Guidance Clinic
Marlene Zepeda PHD
9650 Zelzah Ave
Northridge CA 91325
2b 3c 4abc* 6c 7kp

Conejo Comm Svcs Ctr
Sharron Baird
Admin
166 N Moorpark Rd #301
Thousand Oaks CA 91360
2c 3c 4abc 6d 7bu

Prenatal Care
Heather Bathan RN
LA Cty Olive View Med Ctr
7533 Van Nuys Blvd Rm 214
Van Nuys CA 91405
2d 3c 4abc*e 6ab 7ihmu

N Cty Hlth Svcs
Maternal/Child Hlth
Irma Cota
348 Rancheros Dr
San Marcos CA 92069
2b 3b 4c* 6d 7h

San Ysidro Hlth Ctr
Michele Burton
4004 Beyer Blvd
San Ysidro CA 92073
2bc 3c 4abc*def 6d 7bhuv

Univ CA/San Diego
Genetics Dept
Teri Richards
Med Genetics M013
La Jolla CA 92093
2c 3b 4abc*def 6ab 7ir

Comp Perinatal Prog
Pub Hlth Nursing Svcs
Antoinette Harris
Chief Nurse
San Diego Cty Hlth Svcs
1700 Pacific Hwy
San Diego CA 92101
2d 3c 4abc*de* 6d 7chmu

WIC Prog
Lora Lindblom
American Red Cross
3650 5th Ave
San Diego CA 92103
3ab 4abc*e* 6d 7nhm

Women/Infants/Children (WIC)
Supplemental Food Prog
Lora Lindbolm
3650 5th Ave
San Diego CA 92103
3c 4abc*f* 6d 7nhm

San Diego Comm Coll Classes
Family Preparation
Janet Neeb
3930 Orchard Ave
San Diego CA 92107
2c 3c 4abcde 6bc 7b

Beach Area Comm Clinic
Prenatal Prog
Sharon Weremiuk
3705 Mission Blvd
San Diego CA 92109
2d 3c 4abc*e 6bc 7hm

SAPID--Sch Age Parenting
Infant Devel
Teresa P Cooper RN BS CPNP
3299 Mercer Lane
San Diego CA 92122
2bc 3c 4abc 6c 7abhijkmu

Salvation Army Door of Hope
Maternity Prog
Eddie Mays LCSW
Admin Maternity Prog
2799 Hlth Ctr Dr
San Diego CA 92123
2bc 3ab 4abcde 6b 7ahikm

Parent-Toddler and Parent-
Infant Classes
Childrens Hosp/Hlth Ctr
Lisa Beck
Coord
8001 Frost St
San Diego CA 92123
2bc 3c 4abcde 6c 7kh

Neonatal Parent Ed Prog
Childrens Hosp/Hlth Ctr
Penny Wagner
Coord
8001 Frost St
San Diego CA 92123
2bc 3c 4abcde 6c 7kh

Aural Rehab Parent Ed Series
Childrens Hosp/Hlth Ctr
D Malchow-McCarthy
8001 Frost St
San Diego CA 92123
2bc 3c 4abcdef* 7kr

Proj I--Intact
San Diego St Univ
Ann Carson RN MN MS
6505 Alvarado Rd Ste 208
San Diego CA 92182
2d 3a 4abc* 6bc 7tj 7jt

San Diego St Univ Sch/Nursing
Betty Broom RN MSN
San Diego CA 92182
2d 3c 4abc*de 6d 7h

EOC Family Planning/Prenatal
Clinic
Donna Joseph
Dir
Econ Oppty Comm Imperial Cty
654 Main St
El Centro CA 92243
2d 3c 4abc* 6d 7ihmuv

Esperanza HS Teen Mother Prog
Lois Cheney
Legal Teacher
950 Ramona Blvd #19
San Jacinto CA 92383
2bc3a4abcde6bc7ahmu

San Bernardino Comm Hosp
Obstetrical Ctr
Jean Deetz, RN
Dir Maternal/Child Hlth
1500 W 17th ST
San Bernardino CA 92411
2d 3c 4abc*de 6bc 7bhmu

Perinatal Home Care
Linda Levisen RN MS
351 N Mt View Ave
San Bernardino CA 92415-0010
2c 3b 4abc*de 6d 7ihmo

San Bernardino Cty Dept
of Pub Hlth
Carol A Pendleton
Prog Mgr Maternal Hlth
404 W 9th St
San Bernardino CA 92415-0030
2d 3c 4abc*e 6b 7chmu

Nutrition Svcs
Caroline R Adame MS RD
Chief
Dept Hlth Cty Riverside
PO Box 1370
Riverside CA 92502
2d 3c 4abc*e* 6d 7nhmuz

Womens Hlth Prog-Indian
Boarding Sch
D Sherman RN FNP
US Pub Hlth Svc
8934 Magnolia Ave
Riverside CA 92503
2b 3a 4d 6ab 7ghju

Orange Cty Hlth Agcy
Robert Olson
PO Box 355
Santa Ana CA 92702
2d 3c 4abc*e* 6d 7ihmu

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7g - Native American
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7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

King Cty Hlth Dept
Maternity Prog
Edna Schroeder
330 Campus Dr
Hanford CA 93230
2d 3c 4abc*d 6ab 7chim

Clinica Sierra Vista
Robyn Fargo
Hlth Educ
PO Box 457
Lamont CA 93241
2d 3ab 4bc* 6d 7ahijkmu

La Leche League of N CA
Laurie Am McVey
11983 Midvalley Ave
Visalia CA 93277
2d 3ab 4abc*e* 6bc 7hm

Comm Hlth Ctrs of Kern Cty
Maternal Child Outreach Prog
Marian Ansolabeheke PHN
601 California Ave
Bakersfield CA 93304
32d 3ab 4abc 6b 7cl

San Luis Obispo Cty
Perinatal Prog
Carol Grosse
MCH Coord
Box 1489
San Luis ObispoCA 93406
2d 3c 4abc*de 6bc

Nipomo Med Ctr Perinatal Prog
Gail Tutino
Box 430
Nipomo CA 93444
2d 3c 4abc* 6bc 7bhmu

Madera Family Hlth Ctr
Perinatal Care Prog
Christine Noguera
PO Box 2
Madera CA 93638
2d 3c 4abc* 6d 7lhmu

Sequoia Comm Hlth Clinic
Ricarda Cerda MS RD
Nutritionist
Sequoia Hlth Found
4234 Butler
Fresno CA 93702
2d 3c 4abc*e* 6d 7bhmu

Prepared Childbirth Classes
Fresno Comm Hosp & Med Ctr
Jo Polenz
PO Box 1232
Fresno CA 93715-1232
2c 3c 4abce 6b 7lhm

Patient Ed--OB/GYN Clinic
Stanford Univ Med Ctr
Jeanne Walsh RN
695 Cambridge Rd
Redwood Cy CA 94061
2d 3c 4abc* 6d 7ihmu

Food & Drug Adminis Consumer
Affairs
Lola Holland
Consumer Affairs Ofcr
Hlth/Human Svcs
50 UN Plaza
San Francisco CA 94102
2c 3c 4abcde 6a 7bhmu

San Francisco Perinatal
Native American Hlth Ctr
Joanna Oml
Perinatal Coord
56 Julian Ave
San Francisco CA 94103
2ac 3c 4abcde 6d 7ghmv

Rockridge Hlth Plan
Kim Kelly MS FNP
141 Leland Ave
San Francisco CA 94134
2d 3c 4abcde 6d 7bhmu

American Red Cross/Palo Alto
Area
Alice L Wong
400 Mitchell Ln
Palo Alto CA 94301
2d 3c 4abcde 6bc 7k

WIC Prog--Drew Hlth Found
Kathy Hughes MS RD
2111 University Ave
E Palo Alto CA 94303
2b 3ab 4abce 6bc 7nhm

WIC Prog--Solano Cty Hlth Dept
Claudia Burnett RD
2100 W Texas St
Fairfield CA 94533
2d 3c 4abc*de 6d 7nhm

Alameda Cty Comm Hlth
Educ/Promotion Unit
Maureen Greene SPHN
2499-88th Ave
Oakland CA 94577
2d 3ab 4abc*e* 6d 7chmu

Planned Parenthood
Leslie Barron
3287 Oakland Blvd
Walnut Creek CA 94596
2c 3c 4abc*e 6ab 7ju

La Clinica de la Raza
Mara McGrath
Med Dept Admin
Fruitvale Hlth Proj
1501 Fruitvale Ave
Oakland CA 94601
2d 3c 4bc* 6d 7b

Native American Hlth Ctr
Rebekah Kaplan
3022 E 14th St
Oakland CA 94601
2b 3c 4b 6bc 7ghu

Salvation Army Booth Mem Ctr
Karen DeLeeuw
PO Box 7023
Oakland CA 94601
2bc 3a 4abc 6d 7ahjku

San Antonio Neighborhood Hlth
Ctr Perinatal Prog
Mildred Thompson
La Clinica de la Raza
1030 E 14th St
Oakland CA 94606
2d 3c 4abc*de*f 6d 7bhuv

Asian Hlth Svcs
Aimee Yan
310 8th St Ste 200
Oakland CA 94607
2ab 3c 4e* 6d 7ihm

WIC Prog--Alameda CTY Hlth Care
Svcs Agy
499 5th St
Oakland CA 94607
2d 3c 4abc*de*f* 6bc 7nhmu

Birthways
Arlene Joe
3127 Telegraph Ave
Oakland CA 94609
2c 3c 4abce 6d 7b

East Bay Perinatal Coun
Lisa Kleppel
2955 Claremont
Berkeley CA 94703
2bc 3ab 4abc*de 6d 7ih

Maternal/Child Hlth Br
Diana Milee RD MPH
CA Dept Hlth Svcs
2151 Berkeley Way Anx 4 Rm 400
Berkeley CA 94720
3c 4abc*de* 6d 7chmt

Human Relations Prog--Coop Ext Svc Univ CA-Berkeley
Dorothea Cudaback
Human Relations Spec
US Dept Agriculture
Haviland Hall Rm 120
Berkeley CA 94720
2c 3ab 4abcdef 6bc 7kh

WIC Prog--Marin Cty Dept Hlth/Human Svcs
Mary Louise Zemicke
Civic Ctr Rm 280
San Rafael CA 94903
2d 3ab 4abc*de* 6bc 7nhm

Family Hlth Found of Alviso
OB/Family Planning Dept
Esther Desher RN NP
OB-FP Coord
1621 Gold St
Alviso CA 95002
2c 3c 4abc*e 6ab 7bhmu

Santa Cruz Cty Hlth Svcs Agy
Charlene Bartholomen
PO Box 962
Santa Cruz CA 95061
2c 3c 4abc*e 6d 7chmu

WIC Prog--Watsonville
Food/Nutrition Svcs
Wanda Hoelting RD
1035 N Main St
Watsonville CA 95076
2d 3c 4abc*e* 6d 7nhm

Infant Care Course for Teen Mothers
Alice Alvarez
Dir Nursing/Hlth Svcs
American Red Cross Santa Clara
333 McKendrie St
San Jose CA 95110
2c 3a 4abc 6c 7k

Indian Hlth Ctr of Santa Clara Valley
Joan Weagle RN PHN
3485 E Hills Dr
San Jose CA 95127
2d 3c 4c*de* 6d 7chmuv

Ctr for Life
O'Connor Hosp
Vicki Myers
2105 Forest Ave
San Jose CA 95128
2d 3c 4abc*de 6bc 7ihm

WIC/Delta Family Plng
Julie B Grunsky RD
914 N Ctr
Stockton CA 95202
2d 3c 4abc*de* 6d 7nhm

Teen Mother Prog
Ann Bettis
Teacher/Chmn
Merced Union HS Dist
PO Box 835
Atwater CA 95301
2bc 3ab 4abc*e* 6bc 7ahmuv

Stanislaus Family Hlth Ctr
Daniel Goodman MD
325 I St
Modesto CA 95351
2c 3c 4bc* 6ab 7ih

WIC Prog--Ctr Ed/Manpower Res
Janet Alexander
Prog Coord
487 S Main St
Lakeport CA 95453
2d 3c 4abc*de 6bc 7nhm

WIC Prog--Mendocino Cty Hlth Dept
Carolyn Nathan RN
Courthouse
Ukiah CA 95482
2c 3c 4abc*de*f* 6bc 7nhm

WIC Prog--Humboldt Cty
730 Harris St
Eureka CA 95501
2c 3c 4abcde* 6d 7nhm

Davis Free Clinic
Perinatal Prog
Barbara Boehler
429 F St #6
Davis CA 95616
2b 3b 4c* 6d 7b

Regional Rural Hlth Prog
Sue Seropian
PO Box 846
Dixon CA 95620
2b 3b 4bc*d 6ac 7ihu

Young Parents Prog
Cris W Powell
Grant Joint Union HS Dist
3701 Stephen Dr
N Highlands CA 95660
3a 4abcdef 6d 7ahmu

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7l - Rural
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7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Smoking & Pregnancy American
Lung Assn-Sacramento
Lynn Rubie
909 12th St
Sacramento CA 95814
2c 3c 4abc 6ab 7mu

CA Hwy Traffic Safety Prog
402 Prog
Patricia Hill
Occupant Protection Prog Coord
7000 Franklin Blvd 330
Sacramento CA 95823
2d 3c 4abc*e* 6bc 7k

Hlth Education
Julisu Dimucci
N CA March of Dimes
2424 Arden Way C-80
Sacramento CA 95825
2bc 3a 4abc 6ab 7ahmru

Sacramento Cty Hlth Dept
Child Hlth Disability Prev Prog
Jeryn Bering Smith MPH
3701 Branch Ctr Rd
Sacramento CA 95827
2b 3c 4bc* 6d 7cahmov

Maternal/Child/Adolescent
Hlth Prog
Fran Huertal
Coord
Sacramento Cty Hlth Dept
3701 Branch Ctr Rd
Sacramento CA 95827
2b 3c 4abc*de* 6b 7ihmo

WIC Prog--Sacramento Cty
Patricia Matthews
3701 Branch Ctr Rd Rm 205
Sacramento CA 95827
2d 3c 4abcdef* 6d 7nhm

Sacramento Cty Hlth Dept
Field Svcs (Pub Hlth Nurs)
Ruth Brown
3701 Branch Ctr Rd
Sacramento CA 95830
2d 3c 4abc*de* 6d 7chm

School-Age Parent & Infant
Devel Prog
Carol Rice
Dir
Grant Joint Union HSD
1333 Grand Ave
Sacramento CA 95838
2d 3a 4abc*e* 6bcd 7abhimuv

WIC Prog--Butte Cty Hlth Dept
Sue Kaisier
Proj Dir/Nutritionist
695 Oleander
Chico CA 95926
2d 3c 4abc*def 6bc 7nhm

N Sacramento Valley Rural Hlth
Proj--Perinatal Prog
Lea A Mason RN BSN
4941 Olivehurst Ave
Olivehurst CA 95961
2d 3c 4abc*def* 6d 7lhkm

Orland Family Hlth Ctr
Annamarie Diaz
NCA Valley Rural Hlth Proj
227 Swift St
Orland CA 95963
2d 3c 4bc* 6d 7bhmu

Oroville Family Hlth Ctr
Rosanna Jackson
Rur Hlth Proj
1453 Downer St
Oroville CA 95965
2d 3ab 4abc*e 6d 7lhm

Dept Pub Hlth/Environ Svcs
Janet Easches
Chalan Kanoa
Saipan CM 96950
2ab 3c 4c* 6d 7bh

Hlthy Mother Healthy Baby
Saskatoon Comm Hlth Unit
Carol Brown
Prog Devel Officer
350 3rd Ave N
Saskatoon CN S7K6G7
2d 3c 4abcd*e 6d 7ihmuv

WIC Prog
Jefferson Cty Hlth Dept
Karri A Kent RD
7531 W 57th Ave
Arvada CO 80002
2bc 3c 4abc*e* 6bc 7nho

Clinica Campesina Rural
Hlth Clinic
Cec Ortiz
1345 Plaza Ct N
Lafayette CO 80026
2c 3c 4abc*de 6d 7lahu

Denver Indian Hlth Board
Kay Culbertson Falcon
2035 E 18th Ave
Denver CO 80123
2c 3c 4g 6d 7ghm

Food & Drug Admin
K.A. Brunner RD
500 US Custom House
Denver CO 80202
2c 3ab 4abc* 6b 7a

Teen Parent Educ Network
Deborah Gilboy
Prog Dir
Human Svcs
838 Grant Ste 400
Denver CO 80203
2bc 3ab 4abc* 6d 7abhkmuv

Denver Dept of Hlth & Hosps
Paul Melinkovich MD
777 Bannock
Denver CO 80204-4507
2a 3ab 7abc*de* 6d 7bhmu

Tap Aware
Ruth Autes
501 East 28th Ave
Denver CO 80205
2c 3a 4abc 6abc 7ahmu

Parent Educ Courses
Mercy Med Ctr
Kathy Black RN
OB Superv
16th and Milwaukee
Denver CO 80206
2d 3c 4abc*de 6d 7bhiku

CO Low Birth Weight
Prevention Proj
Carolyn Kercheck
CO Dept Hlth
4210 E 11th Ave
Denver CO 80220
2c 3ab 4bce 6b 7ihmv

WIC Prog--Jefferson Cty Hlth Dept
Katie McKinley RD
260 S Kipling
Lakewood CO 80226
2c 3c 4abc*de* 6d 7nhm

Teenage Hlth Teaching Modules
Colorado Proj, Sch Dist 12
H E Wilson
Dir
Rocky Mtn Trng Ctr
11285 Highline Dr
Northglenn CO 80233
2c 3a 4bc 6a 7ahmru

Maternity Prog/Tri-Cty Dist Hlth Dept
Cathie Martyn
Maternity Prog Coord
2200 E 104th Ave
Thornton CO 80233
2c 3c 4abc*de* 6bc 7ihm

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7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Salud New Horizons Adolescent Clinic
Carol Bandura MS CPNP
Clinic Mgr
1115 2nd St
Fort Tupton CO 80302
2bc 3a 4bc*d 6abc 7ahu

EFNEP/CO St Univ
Karen Wilken
Coop Ext Svc
CO St Univ 200 Gifford Bldg
Fort Collins CO 80523
2d 3c 4abcde 6d 7dh

Larimer Cty Hlth Dept
Maternity Assistance Prog (MAP)
Warrenetta H Underwood RN
363 Jefferson
Ft Collins CO 80525
2c 3c 4abc*de 6bc 7ihmuv

Sunrise Comm Hlth Ctr
David J Simmons MD
Med Dir
1028 5th Ave
Greeley CO 80631
2c 3c 4bc* 6d 7ih

Prematurity Prevention Prog
Memorial Hosp
Susan Bennett
1400 E Boulder
Colorado Spgs CO 80909
2bc 3c 4abc*de 6b 7ihmtu

Prenatal Clinic
El Paso Cty Hlth Dept
Sara Waryas CNM
501 N Foote Ave
Colorado Spgs CO 80909
2c 3c 4abcde 6bc 7ihm

Parenting Classes
Barbara Gordon
501 N Foote Ave
Colorado Spgs CO 80909
2c 3b 4abcdef 6c 7k

Prenatal Dental Hlth Seminars
Richard Loochtan DDS
7824 N Academy Rd
Colorado Sprgs CO 80918
2d 3b 4abc 6bc 7q

WIC Prog--Pueblo Neighborhood Hlth Ctr
Catherine Horeman
1901 N Hudson
Pueblo CO 81001
2c 3c 4abc* 6d 7nh

EFNEP--CO St Univ Ext Svc
Marilyn Hill
Ext Agent
US Dept Agric
Courthouse 10 & Main
Pueblo CO 81003
2ab 3c 4abc* 6d 7dhm

Child Devel Svcs
Stephen M Rohar
Dir
Otero Junior College
18th and Colorado Ave
La Junta CO 81050
2d 3c 4abc*d 6d 7khmu

CO Prenatal Prog
Otero Cty Hlth Dept
110 Cty Courthouse 13 W 3rd St
La Junta CO 81050-1591
2bc 3c 4bc* 6d 7ihmu

WIC Prog--Las Animas--Huerfano Ctys Dist Hlth Dept
Karen Shode RD
WIC Dir
412 Benedicta Ave
Trinidad CO 81082
2d 3c 4bc* 6bc 7nhm

Adolescent Proj
Sara Espinoza/Vicki Masters
204 Carson Ave
Alamosa CO 81101
2c 3ab 4c 6d 7ahv

WIC Prog
Herbert M Mason MD
1847 2nd St
Alamosa CO 81101
2d 3ab 7n

Saguache Cty Nursing Svc
Deena Sands RN/PHN
Box 422
Center CO 81125
6ab 3c 4bc* 6d 7bhm

San Luis Valley Med
Professional Corp
Richard H Byers MD
404 Morris Box 629
Monte Vista CO 81144
2c 3c 4bc* 6d 7h

San Juan Basin Hlth Dept
Prenatal Prog
Debby Jaworskyrn
PO Box 140
Durango CO 81302
2c 3c 4abc*d 6b 7chm

WIC Prog--Ute Mountain Tribe
Dorothea Fury
Toware CO 81331
2bc 3c 4d 6d 7nhmu

CO St Prenatal Prog
Delta Cty Hlth Dept
Tamara Whiteside RN
103 W 11th St
Delta CO 81416
2c 3ab 4bc* 6b 7ihmou

Inglewood Hlth Dist
Dr. Marsha Epstein DHO
Cy Los Angeles
123 W Manchester Blvd
Inglewood CO 90301
2ab 3c 4abc* 6bc 7bhu

Clinica de Salud del Pueblo
Pat Peyne
Blythe Family Hlth Clinic
263 N Broadway
Blythe CO 92225
2d 3c 4abc*def 6ac 7bhu

WIC Prog--New Britain
New Britain Gen Hosp
Isabel Lucco
Nutritionist
103 Hart St
New Britain CT 06050
2b 3c 4abc*e 6bc 7nh

CT Alcohol & Drug Abuse Comm
Ruth M Prior
999 Asylum Ave
Hartford CT 06105
2c 3c 4abc 6ab 7m

WIC Prog--CT
CT Dept Hlth Svcs
Alma W Cain
WIC Superv
150 Washington St
Hartford CT 06106
2d 3c 4abc*e* 6bc 7nhm

Kaiser Found Hlth Ctr
L. Scherzer MD
99 Ash St
E Hartford CT 06108
2d 3c 4abc*de 6d 7ahu

WIC Prog--Hartford Hlth Dept
Laurice Howell-Williams
Prog Nutritionist
80 Coventry St
Hartford CT 06112
2bc 3c 4abc*ef 6d 7nhm

Comm Hlth Svcs
Anita Troja
Dir Adolescent/Pediatric Med
520 Albany Ave
Hartford CT 06120
2d 3c 4abc* 6d 7abhmu

TVCCA WIC
Marian Swiger
Prog Nutritionist
2 Cliff St
Norwich CT 06360
2c 3ab 4abc*e 6d 7nho

WIC Prog--Meriden Cy
Janet Licese Ciarleglio
Superv
165 Miller St
Meriden CT 06450
2bc 3c 4abc* 6bc 7nhkmo

WIC Prog--Yale-New Haven Hosp
20 York St
New Haven CT 06504
2d 3c 4abc*de 6bc 7nhm

Stay Well Hlth Ctr
D Thompson
Assoc Dir
Cy Waterbury
232 N Elm St
Waterbury CT 06702
2c 3c 4abc* 6bc 7khmuq

Teenage Pregnancy Prevention
Prog
Pat Watson
232 N Elm St
Waterbury CT 06704
2c 3ab 4abc* 6abc 7au

Waterbury Pub Hlth Nursing Div
Katherine M McCorneark BSN/MPH
232 N Elm St
Waterbury CT 06706
2d 3c 4abcde 6d 7bhu

Alcoholism Counc
Raymond Ferguson
521 Post Rd
Cos Cob CT 06807
2d 3a 4abc 6b 7m

Howard Univ Hosp Dept Comm
Hlth & Family Practice
Evelyn Hall MD
915 Rhode Island Ave NW
Washington DC 20001
2d 3c 4abc 6d 7abhjmu

Smoking & Pregnancy Prog
(Presentations) DC Lung Assn
Patricia Theiss
Coord Child/Youth Prog
475 H St NW
Washington DC 20001
2bc 3c 4abc* 6bc 7m

American Red Cross/DC Chap
Nutrition Prog-Hlth Svcs
Myrna Maschke RD
2025 E St NW
Washington DC 20006
2c 3c 4abc*e 6d 7h

Expectant Parent Training and
Better for Better Hlth
American Red Cross Hlth Svcs
2025 E St NW
Washington DC 20006
2c 3ab 4abc* 7bh

DCACLD--DC Assn Children
with Learning Disabilities
Cordie Putt Kamner
4225 Lenore Ln
Washington DC 20008
2b 3a 4abc 7k

Washington DC Parent Child Ctr
1325 W St NW
Washington DC 20009
2b 3b 4ac*ef 6b 7kh

For Your Baby's Sake--Koba Assoc
Pat Patterson
DC Dept Human Svcs
2000 Florida Ave NE
Washington DC 20009
2bc 3c 4abc*e 6d 7ihmtu

Comm of Caring--DC Comm
Pub Hlth/Bur MCH
Harry C Lynch MD
1875 Connecticut Ave NW
Washington DC 20009
2d 3ab 4ac* 6bc 7c

Perinatal Ed Exchange Prog
Betty Ripton
111 Michigan Ave
Washington DC 20010

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7k - Postnatal/parenting
7l - Rural
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7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
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7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

American Red Cross/DC Chap
Cathy Mercil RN
4013 Minnesota Ave NE
Washington DC 20019
2bc 3ab 4a 6d 7hjm

Adolescent Pregnancy Classes
Sallie Eissler
Greater Southeast Comm Hosp
1310 Southern Ave SE
Washington DC 20032
2d 3a 4ab 6bc 7aik

Mother/Infant Devel Prog
St Elizabeths Hosp
Eva R Gochman PhD
2700 Martin Luther King Ave SE
Washington DC 20032
2d 3c 4abc*de 6d 7bkv

Operation Stork
Barbara Zonder Chmn
B'nai B'rith Women
1640 Rhode Island Ave NW
Washington DC 20036
2d 3c 4abc*de 6d 7bmhr

Better Babies--Greater
Washington Research Ctr
Joan Maxwell
1717 Massachusetts Ave NW #403
Washington DC 20036
2bc 3c 4a 6b 7ihtu

Parents Classes Prog
Columbia Hosp for Women
Doris Walsh RN CCE
Dir
2425 L St NW
Washington DC 20037
2c 3c 4abce 6bc 7ih

WIC Prog--Columbia Hosp
for Women
2425 L St NW
Washington DC 20037
2d 3c 4abc*de 6bc 7nhm

Newborn Proj
Pearl L Rosser MD
Howard Univ Coll Med
Box 19
Washington DC 20059
2d 3c 4a 6c 7k

Adolescent Med Teenage
Pregnancy Prog
Renee R Jenkins MD
Howard Univ Pediatrics Dept
2041 Georgia Ave NW
Washington DC 20060
2b 3a 4a 6ab 7abhijmu

Howard Univ
High Risk Young Peoples Proj
Roselyn P Epps MD MPH
Proj Dir
Howard Univ Coll Med
2041 Georgia Ave NW
Washington DC 20060
2d 3ab 4abc 6ab 7bihmuv

Neonatal Care--Howard
Univ Hosp Pediatrics Dept
Antoine K Fommfod MD MPH
2041 Georgia Ave NW
Washington DC 20060
2c 3c 4ac* 6c 7khmu

Dept Pediatrics
Virginia Randall MD
Walter Reed Army Med Ctr
Washington DC 20307-5001
2d 3c 4abcde 6c 7k

WIC Prog--NE State Svc Ctr
Natalie McKenney
Nutritionist
500 Vanderver Ave
Wilmington DE 19802
2b 3c 4abc* 6bc 7nhm

Maternal Child Hlth Svcs
Marihelen Barrett
Div of Pub Hlth
Cooper Bldg
Dover DE 19901
2ab 4abc*ef 6d 7chmu

DE WIC Prog--Kent and
Sussex Ctys Milford St Svc Ctr
Cynthia J Izzo
13 Church Ave Ste 304
Milford DE 19963
2ab 3ab 4abc*f* 6d 7nhm

Nassau Cty Hlth Dept
Ruth T Adams RN
PO Box 494
Fernandina Bch FL 32034-0494
2d 3c 4abc*de* 6d 7chijku

Volusia Cty Hlth Dept
Janice Scott
FL Dept Hlth/Rehab Svcs
PO Box 9190
Daytona Beach FL 32040
2d 3c 4abc*e* 6b 7chijkmou

Clay Cty Hlth Dept
Barbara Enos
PO Box 566
Green Cove SprgFL 32043
3c 4abcde 6d 7chmtu

Columbia Cty Hlth Dept
NJ Thomas RN CHNS
FL Dept Hlth/Rehab Svcs
Courthouse Basement
Lake City FL 32055
2d 3c 4abc*f 6d 7cuv

Putnam Cty Hlth Dept
Maternity & Pediatric Clinics
Audrey Wright
3001 Kennedy Rd
Palatka FL 32077
2d 3c 4abc*de 6d 7chkmu

Pediatric Prog Family Med
& Dental Ctrs
Sara Tatum
Exec Dir
2503 President St
Palatka FL 32077
2d 3c 4abc* 6ac 7khmu

Putnam Cty Hlth Unit
PB Rowland RN
3001 Kennedy Rd
Palatka FL 32077
3c 4abc 6d 7chku

Childbirth/Parenting Ed Assn
of St Augustine
Virginia Greiner
Dir Proj: OUTREACH
20 Cordova St Ste 2
St Augustine FL 32084
2ab 3c 4ab 6d 7bhmuv

Bradford Cty Hlth Dept
J Richards
Dept Hlth Rehab Svcs
329 N Church St
Starke FL 32091-3498
2c 3a 4abc 6d 7ahmu

Breastfeeding Promotional Proj
Lilian Abelardo RD
Duval Cty Pub Hlth Unit
515 W 6th St
Jacksonville FL 32206
2bc 3c 4abc*e 6bc 7bhp

Duval Cty Pub Hlth Unit
Winifred Rivers
Nursing Dir
515 W 6th St
Jacksonville FL 32206
2c 3c 4abc*e* 6bc 7chmu

Smoking & Pregnancy:
Kit for Hlth Care Providers
Christie Deputy
Dir Smoking & Hlth Ed
American Lung Assn/FL
PO Box 8127
Jacksonville FL 32239
2d 3c 4abc 6d 7mhu

Improved Pregnancy Outcome
Sally V. Wendt
Act Superv Maternal/Child Hlth
St Dept Hlth/Rehab Svcs
Bldg 1 Rm 212 1317 Winewood Blvd
Tallahassee FL 32301
2d 3c 4abc*df 6b 7bhmt

EPSDT/FL Dept Hlth/Rehab Svcs
Gary Dominick
Medicaid Ofc 1317 Winewood Blvd
Tallahassee FL 32301
2d 3ab 4abc*de 6c 7e

WIC Prog--FL
Ann Rhode
1317 Winewood Blvd Twin Towers
Tallahassee FL 32301
2d 3ab 4abc*de*f* 6d 7nh

Leon Cty IPO/OB Prog
Sandra Ness
Leon Cty Hlth Dept
PO Box 13267
Tallahassee FL 32308
2D 3c 4abcdef 6ab 7c

Gadsden Cty Pub Hlth Unit
Rebecca Kenton ARUP
PO Box 587
Quincy FL 32351
2bc 3c 4abc* 6d 7chmtu

Bay Cty Hlth Dept
Jeanile C Adams ARNP
PO Box 1728
Panama City FL 32401
2c 3c 4abe 6c 7chju

Dist Hlth Prog Offc -- 2POP
Margaret Golden
FL Dept Hlth/Rehab Svcs
PO Box 12836
Pensacola FL 32576
2ab 3c 4abcdef 6d 7chmu

Alachua Cty Continuing Educ
for Pregnant Teens
Oel Burk
Coord
1023 NW 15 Ave
Gainesville FL 32601
2d 3a 4a 6d 7au

Univ of FL Family Practice
Residency Prog
LJ Petry MD
625 SW 4th Ave
Gainesville FL 32601
2d 3ab 4ab 6bc 7bhv

WIC Prog--N Ctrl FL
Diane Dimperio
730 N Waldo Rd Ste B
Gainesville FL 32601
2b 3ab 4ab 6d 7nhm

Alachua Cty Pub Hlth Unit
P Shuman
PO Box 1327
Gainesville FL 32602
2bc 3c 4abce 6b 7ihmu

Alachua Cty Pub Hlth Unit
T R Belcoure
730 NE Waldo Rd
Gainesville FL 32606
2c 3c 4abc* 6d 7chu

N Ctrl FL MIC/FP/WIC Prog
Univ FL Coll Med
Charles S Mahan MD
J-294 OB-GYN
Gainesville FL 32610
2d 3c 4abc 6d 7bhmnu

Lerey Cty Hlth Dept
Betty Jean Commings RNC OCNP
PO Box 40
Bronson FL 32621
3c 4abce 6d 7chmu

Improved Pregnancy Outcome Prog
Marion Cty Pub Hlth Unit
Judith Webb
Comm Hlth Nurse
PO Box 2408
Ocala FL 32678
2c 3c 4abc* 6bc 7ihmu

WIC Prog--Seminole Cty Hlth Dept
Dorothy Richards
240 W Airport Blvd
Sanford FL 32771
2d 3ab 4abcde 6bc 7nhmu

Lake Cty Pub Hlth Unit
June M Atkinson MD
Box 1305
Tavares FL 32778
2d 3c 4abc*def 6d 7chmtu

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7e - EPSDT
7f - Midwife programs
7g - Native American
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7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

FL Nurses Assn
Paula Massey
PO Box 6985
Orlando FL 32853
2d 3c 4abcdef 6d 7b

Brevard Cty Pub Hlth Unit
Ellen Simmons RN
PO Box 747
Rockledge FL 32955
2d 3c 4abcde 6d 7chmu

IPOP
Indian River Cty Pub Hlth Unit
Diane R Hersh
2525 14th Ave
Vero Beach FL 32960
2c 3c 4abc* 6b 7ihu

Martin Luther King Clinic
Blanca Gonzalez
Hlth Educ
810 W Moury St
Homestead FL 33030
2d 3c 4abc*f* 6bc 7bhjmu

IPO--Improved Pregnancy Outcome
Elizabeth Anne King ARNP
Monroe Cty Hlth Dept
Pub Svc Bldg Junior College
Key West FL 33040
2d 3c 4abc* 6b 7chkmu

Dade Cty Pub Hlth Unit
Maternal Child Hlth Prog
Ruth Foden RN MSN
Dir of Nurses
1350 NW 14th St
Miami FL 33124
2d 3c 4abc*def 6d 7chmu

Positive Start Family Couns
Svcs Agy
Grecia Falcon LACSW
2190 NW 7th St
Miami FL 33125
2bc 3c 4abc 6bc 7khmpuv

Coconut Grove Family Clinic
F Rose RN
Nursing Superv
3230 Hibiscus St
Miami FL 33133
2bc 3c 4abc*d 6d 7bhu

Univ Family Planning
Univ of Miami OB/GYN Dept
Ruth Walsh
Nurse Coord
1475 NW 12th Ave
Miami FL 33136
3c 4abc*def 6a 7ju

Operation Child Saver Prog
American Red Cross/Miami
Sima Mellman
Dir
5020 Biscayne Blvd
Miami FL 33137
2d 3b 4abc*df 6d 7kv

Adolescent Family Life
Demonstration Proj
Pearl Garrick
7200 NW 22nd Ave
Miami FL 33142
2bcd 3a 4a 6d 7ahmiju

Professional Assn for Childbirth Ed
Sissy Strum
7400 SW Ave
S Miami FL 33143
2c 3c 4abc* 6bc 7ik

St Vincent Hall
Fintan M Muldoon
Adm Dir
PO Box 450278
Miami FL 33145
2c 3ab 4abc* 6ab 7a

Pub Hlth Nutrition WIC Prog
FL Dept Hlth/Rehab Svcs
Ruth Bendinger RD
10300 SW 216 St
Miami FL 33170
2bc 3ab 4abc*f* 6bc 7nhm

Family Hlth Unit III
Christine Harvey ARNS
South Dods Comm Hlth Ctr
10300 SW 216 St
Miami FL 33190
2d 3c 4abc*ef* 6d 7bhjku

Comm Hlth of South Dade
Ronald J Cantwell MD
Med Dir
10300 SW 216 St
Miami FL 33190
2c 3c 4abc*f* 6d 7bhmu

Broward Cty Primary Hlth Care
Jan Keith RN
233 NW 9th St
Pompano Beach FL 33311
2d d3c 4abc*def* 6c 7khu

American Red Cross Emergency Svcs/Broward Cty
Chuck Gregg
Asst Dir Emergency Svcs
2120 W Broward Blvd
Ft Lauderdale FL 33312
2d 3c 4abc*e 6d 7h

Broward Cty Pub Hlth Unit
Hlth Educ Sect
Ellen Feiler
Hlth Educ Dir
2421 SW 6th Ave
Ft Lauderdale FL 33315
2ab 3c 4abc*ef* 6d 7chmu

Palm Beach Cty Paraprofessional Ed Prog
Barbara Holland RD
Palm Beach Cty Pub Hlth Unit
836 Evernia St
W Palm Beach FL 33401
2b 3c 4abcef 6d 7hov

Palm Beach Cty Hlth Dept
Sudith A Smith MPH
FL Dept Hlth/Rehab Svcs
PO Box 29
W Palm Beach FL 33402
2d 3c 4abc*e* 6d 7chkm

Childbirth Preparation Classes
Judy Herrick
Planned Parenthood/Palm Beach
5312 Broadway
W Palm Beach FL 33407
2c 3ab 4abc 6b 7ihjm

Optimum Growth Proj (S Cty Mental Hlth Ctr)
Grace Caruso
16155 S Military Trail
Delray Beach FL 33445
2d 3c 4abc*e* 6d 7khm

Lake Worth Comm Hlth Ctr
Teri Chenot
Hlth Educ
Palm Beach Cty Dept
110 N F St
Lake Worth FL 33460
2b 3ab 4abc*f* 6b 7ch

Manatee Cty Pub Hlth Unit
Judy Esachenko RN
Comm Hlth Nursing Dir
202 6 Ave E
Bradenton FL 33508
2d 3c 4abc*de 6d 7chu

Hernando Cty Hlth Dept
James M Stem MD
Med Dir
602 W Broad
Brooksville FL 33512
2d 3c 4abce 6ac 7chmu

Improved Prog Outcome
Jeanette Andel CH MD
Sumter Cty Hlth Unit
PO Box 98
Bushnell FL 33513
2c 3a 4ab 6b 7ahtu

Preparation for Parenthood
Yvonne E Stemler RN BS
American Red Cross/Pinellas Chap
624 Court St
Clearwater FL 33516
2d 3c 4abe 6d 7ihmu

E Pasco Hlth Clinic
Improved Pregnancy
Teresa Couture RN
IPO Proj
PO Box 986
Dade City FL 33525
2c 3b 4ab 6b 7ih

Birth Alternatives
508 45th St W
Bradenton FL 33529
2c 3c 4abc* 6d 7fhmu

Improved Pregnancy Outcome
Prenatal Prog--Pasco Cty
Connie Payne
Cty Hlth Unit Nursing Dir
PO Box 160
New Port RicheyFL 33552
2c 3b 4b 6bc 7ih

Sarasota Cty Migrant Hlth Svc
Janet Headley
PO Box 2658
Sarasota FL 33578
2d 3c 4abc* 6d 7ihmu

Sarasota Cty Pub Hlth Unit
OB Clinic
Jonna Jung
OB Superv
PO Box 2658
Sarasota FL 33578-2658
2d 3c 4abcdf 6ab 7ihmu

Children/Youth Hlth Prog--Parent Ed
Guendolyn M Atkins RN
Sarasota Cty Pub Hlth Unit
2200 Ringling Blvd
Sarasota FL 33578-2658
3a 4ab 6bc 7k

Hillsborough Cty Hlth Dept
George Washington Sch Prog
Carolyn A Evers RN
1105 E Kennedy Blvd
Tampa FL 33602
2d 3a 4abc* 6bc 7chmuv

Univ South Florida Coll Medicine
L. Barness
Box 15
Tampa FL 33612
2c 3a 4abc 6a 7ah

Prenatal Educ for Low Income Women
Dee Jeffers RN ACCE
9479 N Forest Hills Pl
Tampa FL 33612
2bc 3b 4abc 6bc 7ihmv

New Life Birthing Ctr
Elsie M Wilson CNM MSN
621 6th Ave S
St Petersburg FL 33701
2c 3b 4abc 6bc 7fhmu

Pinellas Cty Hlth Dept
Maternity Prog
Enrique Ballestas MD
PO Box 13549
St Petersburg FL 33733
2d 3c 4abc*de* 6bc 7chkmtu

Planned Parenthood of Ctl FL
Virginia Miller
Box 1482
Lakeland FL 33802-1482
2c 3b 4abc*ef 6a 7jakhu

Polk Cty Hlth Dept
Maternity Prog
Sally T Plante RN
Superv
1333 N Florida Ave
Lakeland FL 33803
2d 3c 4abc*ef* 6d 7chmtu

CYESIS Prog
Joyce Burbage
1104 N Dakota Ave
Lakeland FL 33805
2bcd 3a 4ab 6d 7abhmuv

PAM Prog for Adolescent--Mothers
Clara Horton RN
Comm Hlth Nurse
530 La Salona Ave
Arcadia FL 33821
2bc 3a 4abc 6bc 7ahijmu

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7u - Sexually transmitted diseases
7v - Life skills

DeSoto Cty Pub Hlth Unit
Clara C Horton RN
Comm Hlth Nurse/MCH
DeSoto Cty Hlth Dept
1010 N Mills Ave
Arcadia FL 33821
2d 3c 4abcd 6bc 7chjmtu

Highlands Cty Pub Hlth Unit
Elaine C Harper OGNP
Courthouse Annex
Sebring FL 33870
2d 3c 4abc*def* 6d 7chju

Hardee Cty Hlth Dept
Marion Ratliff RN
Cty Nursing Dir
PO Box 788
Wauchula FL 33873
2d 3c 4abc*f* 6d 7chu

Polk Cty Hlth Dept
Alma L Vause RN Asst Comm
Hlth Nursing Dir
PO Box 1480
Winter Haven FL 33880
2d 3c 4abcef 6d 7chu

Improved Pregnancy Outcome Proj
Lee Cty Hlth Dept
Ft Myers FL 33901
2d 3c 4abcde 6bc 7chmu

Improved Pregnancy Outcome Prog
Marie B Buckley RN MN
FL Dept Hlth/Rehab Svcs
5748 Bass Circle
Fort Myers FL 33907
2c 3ab 4abc*e* 6d 7chmuv

Hendry Cty Hlth Dept
Susan Holland RN
PO Box 278
LaBelle FL 33935
2d 3c 4abc* 6d 7chmtu

Hendry-Glades Hlth Svcs
Cynthia Norville
PO Box 1260
LaBelle FL 33935
2d 3c 4abc*df* 6d 7ch

Cobb-Douglas Mental Hlth Ctr
Martha Bruce MSW
6133 Love St
Austell GA 30001
2d 3c 4abe 6d 7m

Floyd Cty Hlth Dept
Maternity Clinic
Lynn Brumbelow
St Hlth Educ
Box 1029
Rome GA 30161
2b 3ab 4abe 6b 7cmu

Perinatal Hlth Care
Rebecca Laurens
Comm Outreach Rep
Palmetto Med Ctr
507 Park St
Palmetto GA 30268
2d 3c 4ab 6d 7bhmtu

Governor's Ofc Hwy Safety
Herschel Clark
PO Box 1497
Atlanta GA 30301
3c 4abcde 6c 7k

Teen Parents Prog
Rosalyn Barned
1105 W Peachtree St
Atlanta GA 30309
2bc 3a 4ab 6bc 7am

GA Dental Hlth Prog
E Joseph Alderman DDS MPH
878 Peachtree St NE Rm 215
Atlanta GA 30309
2ab 3ab 4abcdef 6bc 7qh

POWER Line--Prenatal Outreach
for Women Educ
Charlotte Wilen
Act Exec Dir
CONTINUUM
Ste 521 1447 Peachtree St NE
Atlanta GA 30309
2d 3c 4abc 6bc 7ihmuv

Fetal Alcohol Syndrome Tsk Force
GA Dept Human Resources
Margaret E Cone
878 Peachtree St Rm 320
Atlanta GA 30309
2bc 3c 4abcde 6ab 7m

Fulton Cty Alcoholism
Treatment Ctr
Richard W Wright
Dir
265 Blvd NE
Atlanta GA 30312
2c 3c 4abc 7m

Preparation for Parenthood
American Red Cross/Atlanta Chap
Marilyn M Self RN
1925 Monroe Dr NE
Altanta GA 30324
2b 3ab 4ab 6bc 7ihu

Melds Young Moms (MYM)
Deidra Coleman
Child Svc and Family Coun Ctr
Box 7948 Sta C
Atlanta GA 30357
2d 3ab 4ab 6c 7ah

USDA Food & Nutrition Svc
Nutrition & Tech Svcs SE Reg
Peggy R Fouts MS RD
1100 Spring St NW
Atlanta GA 30367
7n

Candler Cty Hlth Dept
Diane Bryant PHN
PO Box 205
Metter GA 30439
2c 3c 4abc* 6d 7chmu

Dawson Cty Hlth Dept
Janice Fleming RN
GA Dept Human Resources
PO Box 245
Dawnsonville GA 30534
2c 3ab 4b 6d 7chmu

EFNEP--Univ GA Coop Ext Svc
Holly Alley
Ext Nutrition Spec
US Dept Agric
Hoke Smith Annex-UGA
Athens GA 30602
2ab 3c 4ab 6d 7dhm

Clarke Cty Comm Task Force to
Reduce Infant Mortality
Marilyn Favors
468 North Milledge Ave
Athens GA 30610

WIC Prog--NW Hlth Dist
Mamie Griffin
WIC Coord
111 Bryant Crossing Ste AA
Dalton GA 30720
2d 3c 4abc* 6d 7nhm

Whitfield Parent/Child Ctr
Runelle Steadman
Dir
PO Box 1321
Dalton GA 30722-1321
2d 3c 4abcdef 6bc 7khu

Chattooga Parent Child Ctr
Paulette Burkhalter
Nat Head Start Prog
702 S Congress St
Summerville GA 30747
2d 3ab 4ab 6d 7kmhkmu

Preparation for Parenthood
American Red Cross/Augusta Chap
Nurs & Hlth Svcs
811-12th St
Augusta GA 30901
2c 3c 4ab 6bc 7bhmu

Womens Hlth--Family Planning
Maternal/Child Hlth
Anna R Johnson
Superv
Laurence Cty Hlth Dept
2121 Bellevue Rd
Dublin GA 31021
2bc 3c 4abe 6d 7chu

Jones Cty Hlth Dept
Carol Tanner
PO Box 135
Gray GA 31032
2c 3ab 4ab 6d 7chu

Oconee Ctr Alcohol &
Drug Svcs
Nancy Madden RN
630 S Wilkinson jSt
Milledgeville GA 31061
2d 3ab 4abc 6d 7mh

Drug Abuse Svcs
Dept Hlth
Helen B Sharpe
Dir
653 2nd St
Macon GA 31201
2bc 3c 4abcde 6ab 7m

American Red Cross/Macon
Glenna Sevy
195 Holt Ave
Macon GA 31201
2c 3c 4ab 6bc 7bh

Telephone Grannies
J. Paul Powell
St Dir
March of Dimes
PO Box 7645
Macon GA 31209
2bc 3ab 4ab 6d 7bh

GA Dental Assn Counc on
Dental Hlth
Anne C Hanse DDS
4119 Cangonra
Macon GA 31210
2c 3c 4ab 6d 7gh

Hlth Outreach for Consumers
- Operation Telephone Granny
Jackie Scott
Proj Mgr
Macon-Bibb Cty Hlth Dept
770 Hemlock St
Macon GA 31298
2ac 3ab 4ab 6d 7bhi

Teen Clinic
Alden Willard
Chathan Cty Dept
115 E York St
Savannah GA 31401
2bc 3a 4ab 6bc 7ahu

Comm & Family Devel Sect
of Tidelands Mental Hlth Ctr
Louis F Caputo
PO Box 23407
Savannah GA 31403
2bc 3b 4ab 6c 7k

Parent & Child Devel Svcs
Brenda A Nelson
Florence Crittenton Home
535 E 54th St
Savannah GA 31405
2d 3ab 4ab 6bc 7ahijk

WIC Prog--Appling Cty Pub
Hlth Dept
Julia Nell Shaw RN
PO Box 37
Baxley GA 31513
2d 3c 4abc* 6d 7nhmu

Coastal Hlth Unit
Billy E Griner
1609 Newcastle St
Brunswick GA 31520
2c 3c 4abc*e 6d 7bhimu

Thomas Cty Hlth Dept
PO Box 148
Thomasville GA 31792
2d 3c 4abcde 6d 7chkm

EFNEP--GA
Donna L Downen
GA Ext Agent
US Dept Agric
Government Ctr--East Wing
Columbus GA 31993
2d 3c 4abcde 6d 7dhmu

Hlth Educ Ofc Dept of Pub
Hlth/Soc Svcs
Karen Cruz
PO Box 2816
Agana GU 96910
2b 3c 4abe* 6d 7chmu

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7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
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7v - Life skills

Maui Childbirth Ed Assn
Sandy Dioso RN
Dir
95 Mahalani St Cameron Ctr
Wailuku HI 96793
2c 3c 4bce 6bc 7ih

Expectant Parents Classes
Queen's Med Ctr
Jayne Hull RN
1301 Punchbowl
Honolulu HI 96813
2bc 3c 4abcde* 6d 7likh

Maternity Infant Care Proj
Maternal/Child Hlth Br
Loretta Fuddy
Sec Superv
HI Dept Hlth/Fam Hlth Svcs
741-A Sunset Ave
Honolulu HI 96816
2b 3c 4be 6d 7c

Kaiser Found Hlth Plan
Richard F Knobel
Proj Dir
810 N Vineyard Blvd
Honolulu HI 96817
3ab 6bcde 6d 7bh

Parent Child Ctr of HI (PACT)
Hana Lake Home Visitor Prog
Diana Buckley
1475 Lina Puni St Rm 117A
Honolulu HI 96819
2bc 3c 4e 6bc 7k

Teen Intervention Prog
Jane E Hale
Admin
Kapiolani Womens/Chld Med Ctr
1319 Punahey St
Honolulu HI 96822
2c 3a 4abe 6d 7ahtu

Pohai Poho-Booth Svcs Prog
Salvation Army Treatment Fac
Amy Watts
Superv
2950 Manoa Rd Cottage C
Honolulu HI 96822
2d 3c 4abcdef 6bc 7khijmuv

EFNEP--Univ HI Coop Ext Svc
Marian D Rauch
US Dept Agric
122 Gilmore Hall 3050 Maile Way
Honolulu HI 96822
2c 3b 4b 6bc 7dhm

Hawaii Lamaze Assn
Astrid Jackson
2825 S King St #1902
Honolulu HI 96826
2bc 3c 4abcde* 6bc 7ghm

WIC Prog--Childrens Svcs/Ctl IA
Jan Kraemer
WIC Coord/Nutritionist
127 Sumner
Ames IA 50010
2d 3c 4abc*de* 6d 7nh

Children Svcs Ctl IA--Well
Child Prog
Sheila Baker CPNP
127 Sumner Ave
Ames IA 50010
2d 3c 4abc*e* 6bc 7hq

WIC Prog--IA
Laura Sands
Dir WIC Prog
3rd Fl Lucas Bldg
Des Moines IA 50310
2d 3c 4abc*de* 6d 7nhm

Commodity Supplemental Food Prog
IA Dept Human Svcs
Pauline Walton
Hoover St Ofc Bldg 1st Fl
Des Moines IA 50319
2d 3c 4abc*de* 6bc 7h

Maternal Hlth Ctr
300 15th St NE
Mason City IA 50401
2c 3c 4abc*def 6bc 7ih

Butler Cty Pub Hlth Nursing Svc
Courthouse Box 325
Allison IA 50602
2d 3c 4b 6d 7kh

WIC Prog
Katherine Kirkdorffer MS RD
120 Independence Ave
Waterloo IA 50703
2d 3c 4abe 6bc 7nh

Woodbury Cty Comm Action Agy
WIC/Well Child
Dolores Duncan RN
Prog Dir
2700 Leech Ave
Sioux Cy IA 51106
2ab 3ab 4abc*de* 6d 7nhmu

WIC Prog--Pottawattamie Cty
Beth Stockley RD
Courthouse Annex 223 S 6th St
Council Bluffs IA 51501
2bc 3c 4abcde 6d 7nhjm

Hillcrest Family Plng Clinic
Char Redwine
2005 Asbury Rd
Dubuque IA 52001
2c 3c 4abe 6ac 7jhmuv

WIC Prog--Johnson Cty Hlth Dept
Cynthia Tholen RD
1105 Gilbert Ct
Iowa Cy IA 52240
2d 3c 4abce 6d 7nh

College Dentistry - U IA
Arthur J Nowak
Iowa City IA 52242
2d 3c 4abc*de*f 6ac 7q

Visiting Nurse Assn
Nancy Alleman RN/CPNP
Maternal Child Hlth Coord
400 3rd Ave SE
Cedar Rapids IA 52401
2d 3c 4abc*e 6d 7bhmu

Lee Cty Hlth Dept
Sandra Hennies RN
933 Ave H
Ft Madison IA 52627
3ab 4abe 6bc 7h

Family Planning & Maternal
Hlth Svcs
Carol Fullerton
300 Tucker Bldg
Clinton IA 52732
2d 3c 4abcdef 6ab 7ijhru

YWCA Parenting Prog
Kay Jackman
Prog Coord
YWCA
309 Sycamore St
Muscatine IA 52761
2d 3ab 4bc* 6bc 7khmp

Comm Hlth Care
428 Western Ave
Davenport IA 52801
2d 3c 4abc*de* 6ac 7khu

Medical/EPSDT IA Dept Human Svcs
Kathi Keller
Hoover State Ofc Bldg
Des Moines IA 58319
2d 3c 4abcdef 6d 7e

Maternal & Infant Care
Grace Guy RN FND
Public Hlth Dist III
PO Box 489
Caldwell ID 83606
2d 3c 4abc*f 6bc 7bhkm

Comm Hlth Clinics
Marcia Bondy
1515 3rd St N
Nampa ID 83651
2b 3c 4bc*de 6d 7ihmu

Salvation Army Booth Mem Home
Maj Shirley Goode
Admin
PO Box 7686
Boise ID 83707
2d 3ab 4bc 6bc 7ahu

St Lukes Reg Med Ctr
Parenting Prog
Anne Peyron RN
Coord
190 E Bannock
Boise ID 83712
2c 3a 4bc 6b 7ik

Maternity and Infant Care Prog
Colleen C Hughes RN PHD
ID Dept Hlth/Welfare
Bureau of Child Hlth Sthse
Boise ID 83720
2d 3c 4abc*de 6d 7chmu

Help Yourself to Hlth
ID Dept Hlth/Welfare (WIC)
Karen Dalenius RD MPH
WIC Nutrition Ed Coord
450 W State St 4th Fl
Boise ID 83720
2b 3ab 4bc* 6d 7nh

Parent/Infant Toddler Coop
Univ ID Home Econ
Janice Fletcher
Moscow ID 83843
2c 3c 4bcde 6c 7k

WIC Prog--Panhandle Hlth Dist I
Jean Zahalka RN
PO Box 734
Sandpoint ID 83864
2c 3c 4b 6d 7nhmu

La Leche League International
Julie Stock
PO Box 1209
Franklin Park IL 60131-8209
2d 3c 4abc*de 6bc 7okh

IL Dept Pub
Hlth Nutrition Svcs
Jan Kallio MS RD
245 W Roosevelt Rd Bldg 5
W Chicago IL 60185
2bc 3c 4abc 6d 7h

Mother/Child Nutrition Prog
(MAC)
Jean Davis MS RD
Dir
Catholic Charities
721 N LaSalle Dr
Chicago IL 60605
2b 3c 4abc*def 6bc 7h

Adolescent Family Ctr
M C Brucker CNM
Presbyterian St Lukes Med Ctr
1725 W Harrison Ste 436
Chicago IL 60612
2d 3ab 4abd 6a 7ahimpuv

Preparation for Childbirth
Claretian Med Ctr
Ramona Lopez FNP
Dir Patient Educ
2945 E 91st St
Chicago IL 60617
3c 4abc* 6d 7ih

Roseland Comm Hosp
Patricia Trerney RN
45 W 111th St
Chicago IL 60628
2c 3c 4ac* 6d 7bhmu

Chicago Osteopathic Med Ctr
D Taylor RN
Clinic Coord
1000 E 53rd St
Chicago IL 60637
2bc 3c 4a 6bc 7ihm

Chicago Comp Care
Ctr (4Cs)
Lee Ryan
Dir
3639 S Michigan
Chicago IL 60653
2bc 3ab 4a 6d 7ahuv

The Young Parents Prog
Miriam Paull-Social Worker
Prog Coord
836 W Wellington
Chicago IL 60657
2c 3a 4abc 6be 7ab

Comm Hlth Nurs Fam Plgn Prenatal
Clinics Hlth Conf
Nursing Div
Lake Cty Hlth Dept
3010 Grand Ave
Waukegan IL 60685
2d 3c 4abc*e 6d 7bhm

Perinatal Primary Prevention
Prog
Pat Oliver
Coord
Rockford Mem Hosp
2400 N Rockton Ave
Rockford IL 61101
3c 4abc* 6bc 7bhijkmu

Swedish American OB &
Pediatrics Clinics
Judy Johnson RN
1400 Charles St
Rockford IL 61108
2c 3c 4abc*de* 6bc 7ihmu

Prenatal Grant
Peoria Cy-Cty Hlth Dept
Barbara Becker RN
2116 N Sheridan Rd
Peoria IL 61604
2c 3ab 4abc 6b 7ih

New Horizons
Mary M Boyd
Tri-Cty Urban League
317 S MacArthur Hwy
Peoria IL 61605
3a 4abc 6d 7ahk

WIC Prog
McLean Cty Hlth Dept
Capitola Stanley
905 N Main
Normal IL 61761
2d 3c 4abcde 6d 7nhm

Family Svc & Visiting
Nurse--Maternal/Child Hlth
Kay Mueggenburg RN
211 E Broadway
Alton IL 62002
2d 3ab 4abcde*f 6bc 7ihmu

WIC Prog--Wabash Hlth Dept
Sharon Vaughan
107 NE 2nd St
Fairfield IL 62837
2d 3c 4abcde 6d 7nh

Shawnee Network of Adolescent
Pregnancy and Parenting
Fred Isberner
Adolescent Hlth Ctr
PO Box 739
Carbondale IL 62903
2cd 3ab 4ab 6d 7ahmu

Southern Seven Hlth Dept Parents
Too Soon Prog
Myra Wood Bennett
Dir of Social Svcs
IL Dept Pub Hlth
Rt 1
Ullin IL 62992
2d 3ab 4abc* 6d 7chjmu

Parents and Babies Prog
Jo Holt
2340 E 10th St
Indianapolis IN 46201
2c 3ab 4ab 6bc 7kh

Maternal & Infant Care Proj
Kim Woock RD
Proj Nutrition Coord
Marion Cty Hlth Dept
362 W 15th St
Indianapolis IN 46202
2d 3c 4abe 6bc 7cahkmu

Neighborhealth
Joanne Greer
3122 Bethel Ave
Indianapolis IN 46203
2d 3c 4ab 6d 7k

Indianapolis Urban League/
Human Svcs Dept
Ruth A Sims Brooks
850 N Meridian St
Indianapolis IN 46204
2c 3a 4a 6ab 7a

Fetal Alcohol Syndrome Prevent
Effort
Anne Pinnick
IN Counc/Alcoholism/NCA
2511 E 46th St Bldg S
Indianapolis IN 46205
3c 4abc* 6d 7m

Expectant Teen Outreach
Homes for Black Children
3131 E 38th St
Indianapolis IN 46218
3ab 4a 6bcd 7abhijv

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7g - Native American
7h - Nutrition
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7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

WIC Prog--Marion Cty
Georgina Rowland
2802 Lafayette Rd Ste 2
Indianapolis IN 46222
2d 3c 4abc*de* 6d 7nhmt

Prenatal Clinic for Low Income Women
Annamaria S Herdon RD MHS Dir
Visiting Nurse Assn/NW IN
6513 Kennedy Ave
Hammond IN 46323
2bc 3c 4abcd 6b 7ihmu

Children/Youth Clinic
Gary Hlth Dept
1145 W 5th Ave
Gary IN 46402
3c 4abc*e 6c 7kh

Elkhart Cty Hlth Dept
Ann Checchio
Dir Comm Hlth Nurs
315 S 2nd St
Elkhart IN 46514
2ab 3ab 7abce 6d 7chku

Basics of Positive Parenting
Diane Betchel
New Day Parent-Child Soc
PO Box 773
Elkhart IN 46515
2ab 3b 4ab 6bc 7kp

Maternal & Child Hlth Div
WIC--Elkhart Cty Hlth Ctr
Julia Leatherman
Dir
320 W High St
Elkhart IN 46516
2b 3ab 4abc*def 6b 7nhmu

North Central Indiana Reg Genetics Ctr
Harvey A Benoer PHD
Memorial Hosp
615 N Michigan St
South Bend IN 46601
2c 3c 4abc* 6d 7br

Cameron Hosp Prepared Childbirth Class
June Bruner RN
416 E Maumel
Angola IN 46703
2bc 3c 4b 6bc 7ih

Well Child Clinic--Land of Lakes Family Hlth Svcs
Joyce Gutstein RN
314 W Maumee
Angola IN 46703
2c 3c 4b 6c 7kh

American Red Cross
Allen-Wells Chap
Laura Cato
Dir Nursing Hlth Svcs
1212 E California Rd
Fort Wayne IN 46825
2d 3c 4abc*de* 6d 7bhmtu

IN Hlth Ctr/AYM Prog
Joan T Radecke
2725 S La Fountain
Kokomo IN 46902
2b 3ab 4abc* 6d 7ahkmu

Prepared Childbirth Classes
Cesarean Birth Classes
Kathy Renie BA CCe
PO Box 187 5178 N 300 W 27
La Fontaine IN 46940
2bc 3c 4abc*e* 6bc 7ihmu

Nurses Concerned for Life
Rose Smalley RN
720 S Wabash St
Wabash IN 46992
2d 3ab 4b 6d 7ahmu

WIC Prog--Rural Hlth Activities of SE IN
Pat Estirman RD
WIC Coord
605 Wilson Creek Rd
Lawrenceburg IN 47025
2d 3c 4abc 6bc 7nh

Ripley Cty Hlth Coalition
Connie DeBurger
Proj Dir
240 W Cravens St
Osgood IN 47037
2c 3ab 4b 6bc 7bh

Wayne Cty Maternity Clinic
Mary Back RN
Wayne Cty Courthouse
Richmond IN 47374
2c 3c 4abd 6b 7ihmu

Hlthy Babies
Jan Renner
Southern Hills Mental Hlth Ctr
PO Box 245
Jasper IN 47546
2c 3b 4b 6ab 7ih

WIC Prog--Warrick Child Hlth Svcs
Karin Strunk
920 Millis Ave Ste 101
Boonville IN 47601
3c 4ab 6bc 7nhv

WIC Prog--Gibson Cty
Laura Kropp RN
PO Box 505
Princeton IN 47670
2b 3ab 4ab 6d 7nh

WIC Prog--Evansville/Vanderburgh Cty Dept Hlth
Monica R Hochgesang RD
Civic Ctr Rm 127
Evansville IN 47708
2d 3c 4abc*de* 6bc 7nhm

Breastfeeding Classes
St Marys Med Ctr Clinic Prog
Esther Kelley
RR 7 Box 156
Evansville IN 47712
2c 3b 4abe 6bc 7om

OB/GYN Clinic
St Marys Med Ctr
W Thomas Spain MD
3700 Washington Ave
Evansville IN 47750
2bc 3c 4abe 6d 7bhmu

WIC Prog--Clay Cty
Donna Youngblood RD
National Guard Armory
Brazil IN 47834
2b 3ab 4ab 6d 7nh

Jefferson Cty Maternal/Child Hlth Prog
Julianne Pottorf RN
Admin
Jefferson Cty Hlth Dept
Box 324
Oskaloosa KS 66066
2d 3c 4abcdef 6d 7chmu

Social Services
Alma V Winston
Salvation Army
500 N 7th
Kansas City KS 66101
2d 4abc*d 6bc 7hmu

Kansas Cy (KS) Wyandotte Cty
Hlth Dept
Margaret Daly RN NC
619 Ann Ave
Kansas Cy KS 66101
2d 3c 4abc*de 6d 7ihmu

WIC Prog--Kansas Cy-Wyandotte
Cty Hlth Dept
Barbara O'Neal MS RD
619 Ann Ave
Kansas Cy KS 66101
2d 3c 4abcde 6d 7nh

Preparation for Parenthood
Teresa Reading
American Red Cross/Wyandotte Cty
1600 Washington Blvd
Kansas City KS 66102
2d 3c 4ab 6bc 7bh

Black Family Preservation Proj
Black Adoption Prog & Svcs
Janice Greene
Kansas Childrens Svc League
PO Box 1308
Kansas City KS 66117
3ab 4a 6ab 7au

La Leche League of MO
Brenda Rockers RN
5244 Maple
Mission KS 66202
7ok

Junction Cy/Geary Cty Hlth Dept
Mother/Infant Prog
Box 282
Junction City KS 66441
2c 3ab 4abcde 6d 7chmu

Hlthy Start Prog
LTC Jackie J McEntire
USA MEDDAC
Preventive Med Svc
Ft Riley KS 66442
2c 3av 4abc*de 6bc 7khmp

EFNEP/KS St Univ
Grace M Lang
Coop Ext Svc KS
201 Umberger
Manhattan KS 66506
2bc 3ab 4abc*de 6d 7dhm

Pottawatomie Cty Hlthy
Start Home Visitor Prog
Rita McLean RN
320 Main
Westmoreland KS 66549
2d 3c 4bd 6c 7kh

Hlthy Start Home
Visitor Prog
Karen Barquest PHD
KS Dept of Hlth/Environ
Forbes Field
Topeka KS 66620
2d 3c 4abc*de* 6d 7bhikp

KS Dept Hlth/Environment
Maternal/Child Hlth Prog
Patricia Schlosser
Forbes Field
Topeka KS 66620
2c 3c 4abc*de* 6d 7chu

Home Lamaze Classes
M Mournine RN ACCE
931 Foulk Dr
Belle Plaine KS 67013
2c 3c 4abc*def 6bc 7ihs

Barber Cty Comm Hlth Dept
117 E Kansas
Medicine Lodge KS 67104
2c 3b 4b 6b 7chm

Hlthy Start
Harrey Cty Hlth Dept
Roberta Stevenson RN
PO Box 687 Courthouse
Newton KS 67114
2d 3c 4abc*e 6c 7ih

Preparation for Parenthood
Parenting Your Child from 1-6
Cindy McIntyre RN
Dir Nursing Hlth/Svcs
American Red Cross/Midway KS Chp
107 N Main
Wichita KS 67203
3c 4abe* 6bc 7kh

Wesley Med Ctr
Div of Perinatal Med
John F Evans MD
550 N Hillside
Wichita KS 67208
2b 3ab 4ab 4e 6be 7ihmu

Natural Family Plng
St Francis Reg Med Ctr
Helen VenJohn
Superv
929 N St Francis
Wichita KS 67214
2bc 3c 4abc*de*f 6ab 7jihmu

WIC Prog/Migrant Hlth
Sherman Cty Hlth Dept
Joyce Jones RN
807 Main
Goodland KS 67735
2d 3c 4abc* 6d 7nhmu

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7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

WIC Prog--Marion Cty
Lucy Brown RN
516 N Spalding Ave
Lebanon KY 40033
2c 3c 4ab 6d 7nhm

Louisville Commodity
Supplemental Feeding Prog--KY
Lisa Good
PO Box 1913
Louisville KY 40201
2d 3c 4abc 6bc 7nh

KY Dental Assoc
Detlef B Moore
Exec Dir
1940 Princeton Dr
Louisville KY 40205
2b 3b 4abcdef 6c 7q

Hlthy Mothers Healthy
Babies Month
Shana Funk
Reg Prog Coord
March of Dimes Cardinal Chap
4801 Sherburn Ln Ste 211
Louisville KY 40207
2d 3c 4ab 6d 7ihmru

Smoking & Pregnancy Prog
American Lung Assn/KY
Mike Staufacker
Hlth Ed Dir
PO Box 8405
Louisville KY 40208
2c 3c 4ab 6b 7m

Louisville/Jefferson Cty
Head Start/Parent Child Ctr
Mary J Fant
Mgr II
1809 S 34th St
Louisville KY 40211
2c 3c 4abf 6d 7kahmpu

Prenatal Prog
Park DuValle Comm Hlth Ctr
Frederick L Steed
1817 S 34th St
Louisville KY 40211
2c 3b 4a 6d 7ihm

Louisville Mem Primary
Care Ctr
Emily Gage RN
2215 Portland Ave
Louisville KY 40212
2d 3c 4abce 6d 7bhmu

Mother-Child-Hlth-Nutrition
Direct Counseling
Margaret S Brooks
Mercer Cty Hlth Ctr
411 N Greenwell
Harrodsburg KY 40330
2d 3ab 4ab 6d 7h

Prenatal Class/Baby Care Class
Linda Leber RN
Ephrain McDowell Mem Hosp
217 S 3rd St
Danville KY 40422
2bc 6ac 4ab 6bc 7bhkm

Lincoln Cty Hlth Dept
Mary Evans ARNP
PO Box 165
Stanford KY 40484
2d 3c 4abcdef 6d 7chijkmu

Maternal Child Hlth
Evelyn Carter
Lexington Fayette Cty Hlth Dept
650 Newtown Pike
Lexington KY 40508
3c 4ab 6bc 7chmu

Comm Advisors for
Breastfeeding Mothers
Carol Bryant
KY Dept Human/Res
650 Newton Pike
Lexington KY 40508
2d 3ab 4ab 6bc 7ok

KY Occupant Restraint Prog
KY St Police
Dave Salyers
919 Versailles Rd
Frankfort KY 40601
2c 3b 4ab 6c 7k

WIC Prog--KY
Peggy S Kidd
Mgr Nutrition Br
Department for Hlth Svcs
275 E Main St
Frankfort KY 40621
2d 3c 4abcde 6bc 7nhm

Prenatal Prog Whitley
Cty Hlth Dept
Joanna Cox RNC
PO Box 147
Williamsburg KY 40769
2c 3c 4b 6b 7ihu

Bell Cty Hlth Dept
Prenatal Prog
Brenda Johnson RN
Box 97
Pineville KY 40977
2c 3c 4ab 6b 7ihmu

WIC Prog--Martin Cty
Geneva Crum
PO Box 354
Inez KY 41224
2c 3ab 4b 6bc 7nh

WIC Prog--Big Sandy Dist
Hlth Dept
Diane Blackburn
WIC Clerk
Box 111 Wood & 2nd St
Paintsville KY 41240
2d 3c 4ab 6bc 7nh

WIC Prog--Letcher Cty Hlth Ctr
Elizabeth Cox
Box 300
Whitesburg KY 41858
2d 3c 4ab 6d 7nh

Union Cty Hlth Dept
Prenatal Prog (MCH)
Muriel Casey RN
Superv
Box 88
Morganfield KY 42437
2d 3ab 4ab 6bc 7chmu

Lincoln Trail Prenatal Prog
Katharine Dye RN
Licoln Trail Dist Hlth Dept
Box 2026
Elizabethtown KY 42701
2d 3c 4abc*e 6ab 7chmu

Adair Hlth Ctr
Virgil L Clazand RNC
Lake Cumberland Dist Hlth Dept
103 Reed St
Columbia KY 42728
2d 3c 4abf 6d 7chju

Breckinridge-Grayson Prog
Cleo Lowrey
Exec Dir
PO Box 63
Leitchfield KY 42754
2d 3c 4abcd 6d 7km

Childbirth Ed Classes
Debbie Herbener
Mt Carmel Med Ctr
Centennial & Rouse
Pittsburg Ks 66762
2c 3b 4abcdef 6bc 7ihm

Postpartum Teaching Prog
Sharon Cusanza
Head Nurse OB/GYN
Tulane Med Ctr Hosp
1415 Tulane Ave
New Orleans LA 70112
2c 3c 4abc 6c 7khjv

Commodity Supplemental Food Prog
Gregory Ben Johnson
2908 S Carrollton Ave
New Orleans LA 70118
2d 3a 4abcdef 6d 7nh

Maternal and Child Hlth
Charles Myers
Acting Admin
PO Box 60630 Rm 613
New Orleans LA 70160
2d 3c 4abc* 6d 7bhikmu

Terre Bonne Parish Hlth Unit
Grace T Gary RN
Nurse Superv
LA Dept of Hlth
PO Box 309
Houma LA 70363
2c 3a 4abd 6d 7bh

Maternity Prog & FP OUACHITA
Parish Hlth Unit
LA Dept Hlth/Human Resources
Box 4460
Monroe LA 71201
2b 3ab 4abde 6d 7mh

Movehouse Hlth Unit
Melanie Dew RN
Box 152
Bastrop LA 71220
2c 3b 4ab 6d 7bh

E Carroll Parish Unit
MCH Family Planning VD Control
CS Butler RN
LA Dept Hlth/Human Resources
407 2nd St
Lk Providence LA 71254
2d 3c 4abcdef 6d 7bhiju

EPSDT/E Carroll Parish Hlth
Unit
CS Butler Rn
LA Dept Hlth/Human Resources
407 2nd St
Lk Providence LA 71254
2d 3c 4abcdef 6d 7ehu

WIC Prog--LA
Dept Hlth/Human Resources
Rose Hammock
PO Box 17
Jena LA 71342
2d 3c 4abcdef 6d 7nhm

Avayelles Parish Hlth Unit
Dolores Gremillion RN PHN II
Superv
LA Dept Hlth Human Resources
109 Government St
Marksville LA 71351
2d 3c 4abd 6d 7chpu

EFNEP/MA Prog
Leslie Turner
Nutrition Spec
Coop Ext Svc MA
Univ MA 206 B Chenoweth Lab
Amherst MA 01003
2d 3c 4abc*def 6d 7dh

La Leche League
Lavada Wright
ACL for MA/VT
16 Hanward Hill
E Longmeadow MA 01028
2c 3c 4abcd 6d 7ho

Our Lady of Providence
Childrens Ctr
Allison Farrington ACSW
2112 Riverdale St
W Springfield MA 01089
2d 3c 4abc* 6d 7bh

Cty Adolescent Network
of Berkshire
Anne M Lange
Ctl Berkshire Coord
150 North St
Pittsfield MA 01201
2c 3ab 4ab 6bc 7abik

High Risk Mother & Infant Prog
Joyce Hall BSN
Visiting Nurse Assn
PO Box 877
Pittsfield MA 01202
2c 3ab 4ab 6d 7ahmu

Hlth/Support Svcs
Lyn C Billman-Golemme Med LCSW
114 Ruggles St
Westborough MA 01581
2c 3c 4b 6bc 7ktv

EFNEP/MA Prog
Mary G Toth
Coop Ext Svc MA
Univ Ma 10 Edward St
Worcester MA 01605
2d 3c 4abc*de*f 6d 7dh

WIC Prog--Worcester
Sara Stoddard
Nutritionist
32 Great Brook Valley Ave
Worcester MA 01605
2d 3c 4abc*de* 6bc 7nhm

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7k - Postnatal/parenting
7l - Rural
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7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Comprehensive Svcs to
Young Parents
Carol R Epstein
Prog Dir
Worcester Children's Friend Soc
21 Cedar St
Worcester MA 01609
2c 3ab 4abc* 6bcd 7abhikv

Leominster Hosp Prenatal Clinic
joyce Ricker CNM
68 Shore Dr
Concord MA 01742
2c 3c 4abc*de 6d 7iahmouv

WIC Prog
Linda Cecchetti
Prog Dir
25 Locust St
Haverhill MA 01830
2d 3c 4abc*de 6d 7nh

WIC Prog--Greater Lawrence Comm
Action Counc
Evelyn Kocher-Ahern
Dir/Nutritionist
350 Essex St
Lawrence MA 01840
2d 3c 4abc*de*f* 6d 7nh

Prenatal Classes/Prepared
Childbirth Classes
Patricia Mirisola RN
Greater Lawrence Family Ctr
150 Park St
Lawrence MA 01841
2bc 3b 4bc* 6b 7ihm

Proj PREPARE
Arnita T. Harvey
Catholic Family Svcs
55 Lynn Shore Dr
Lynn MA 01902
2bc 3ab 4abc* 6d 7ahmu

MCH Primary Care
Div Family Svcs
Barbara Polhamus
MA Dept Pub Hlth
150 Tremont St 3rd Fl
Boston MA 02111
2c 3c 4abc*e 6d 7ih

South Cove Comm Hlth Ctr
OB Team
Martha Jane Hackett CNM
885 Washington St
Boston MA 02111
2ab 3c 4e* 6bc 7ih

Smoking Prevention--Ctr
for Hlth Promotion
Nancy Lichter
MA Dept Pub Hlth
150 Tremont St 7th Fl
Boston MA 02111
2c 3c 4abc 6d 7m

WIC Prog--MA Dept Pub Hlth
Joan Doyle
150 Tremont St
Boston MA 02111
2bc 3c 4abc*de*f* 6bc 7nh

Consortium for Pregnant and
Parenting Teens (CPPT)
Candance Lowe, Sc D
Brigham and Womens Hosp
75 Francis St
Boston MA 02115
2d 3a 4abc 5a 6d 7ahimu

Affiliated Neighborhood Hlth
Ctrs OB-GYN Group Practice
Lucille Raimando
Dir
818 Harrison Ave 4th Fl Admin
Boston MA 02118
2d 3c 4abc*de*f 6ab 7bijk

Hlthy Baby Boston Coop Prog
to Prevent Prematurity
Diana Raphael RN MS
Clinical Spec
Boston Dept Hlth/Hosp
HO 313 818 Harrison Ave
Boston MA 02118
2d 3ab 4abc*e*f* 6bc 7ihm

Random Controlled Trial to
Promote Breastfeeding Duration
Stephen Wirtz
Proj Dir
Boston Univ Sch Pub/Hlth
80 E Concord St
Boston MA 02118
2d 3c 4abc* 6c 7ohk

WIC Prog--South End CHC
Joanna Douglas
Sr Nutritionist
400 Shaumut Ave
Boston MA 02118
2d 3c 4abc*e*f* 6bc 7nh

Comprehesive Adolescent Hlth
Prog/Young Parents Prog
J Tuakli-Williams MD MPH
20 Whittier ST
Boston MA 02120
2abc 3ab 4ac* 6d 7ahuv

Prenatal Svc
Mattapan Comm Hlth Ctr
Brenda Burrell
1425 Blue Hill Ave
Mattapan MA 02126
2d 3b 4ae* 6b 7ih

Maternal Infant Care Project
Elizabeth Hickey RN
Clinic Coord
St Margaret's Hosp
Laboure' Ctr 376 W 4th St
S Boston MA 02127
2bc 3c 4bde 6bc 7bhmu

Parent & Child Devel
Prog
Vickie Bornas
PhD
Brookside Comm Hlth Ctr
3297 Washington St
Jamaica Plain MA 02130
2d 3ab 4abc* 6d 7ahmkpu

Med East Comm Hlth Plan
Bernice K Hamlin
Div Exec Dir
340 Wood Rd
Braintree MA 02184
2d 3c 4abcde 6d 7b

Parenting Your Child From 1-6
Early Childhood Hlth & Safety
Margaret Casey
Dir Nursing/Hlth Svcs
American Red Cross/MA Bay
99 Brookline Ave
Boston MA 02215
2c 3b 4abc*e*f* 6d 7kh

WIC Prog--Cape Cod
Candida Bowe
Joanne Taupier
1 Elm St
Hyannis MA 02601
2bcd 3c 4abde 6bc 7nhm

Fall River Prenatal Prog
G Ann Fitton RD
Fall River Comm Develop Ctr
102 Country St
Fall River MA 02723
2b 3c 4abce*f* 6b 7ihm

Pregnant & Parenting
Teens Prog
Kathleen O'Donnell
Coord
19 Spring St
Taunton MA 02780
2c 3a 4abc*de 6d 7ahimpu

Hlthy Parent/Healthy Child
Cathie Morrison
Coord
601 Aikins
Winnipeg MB R2W 4J5
2d 3c 4abe* 6bc 7bhkmu

WIC Prog--Prince Georges
Cty Hlth Dept
Beatrice L Pickett
9314 Piscataway Rd
Clinton MD 20735
2d 3c 4abcde 6bc 7nh

Prenatal Clinic
Irene M Walker
Staff Nurse-OB Clinic
1 Hosp Dr
Cheverly MD 20785
2c 3c 4abc* 6bc 7ihu

Montgomery Cty Dept of Hlth
Wheaton Hlth Ctr
Anne Coakley
2424 Reedie Dr
Wheaton MD 20902
2d 3c 4abc*de* 6d 7chmpu

Aberdeen Hlth Ctr
Norma Kirkwood RN
Hartford Cty Hlth Dept
34 N Philadelphia Blvd
Aberdeen MD 21001
2d 3c 4abf 6bc 7chu

Hlthy Mothers/Healthy Babies
Donna Peterson
MD Dept Hlth Mental Hygiene
201 W Preston St
Baltimore MD 21201
2bc 3c 4abc 6bc 7bhmu

Food and Drug Admin
Anne B Lane
Pub Hlth Svc
900 Madison Ave
Baltimore MD 21201
2c 3c 4abc 6d 7bhu

Hlthy Babies/Healthy Mothers
MD Preterm Labor Prev Subc
David A Nagey MD PHD
Univ MD Med Syst/Hosp--OB/GYN
22 S Greene St
Baltimore MD 21201
2d 3c 4abcde 6b 7it

Intervention with PACT
Parents & Children Together
Thomas Stengel
Exec Dir
106 E Chase St
Baltimore MD 21202
2d 3c 4abcde 6c 7kt

Black Adolescent Group
Leslie Morris
MSW MPH
303 W Chesapeake Avenue
Towson MD 21204
2c 3a 4a 6d 7akv

Maternity Ctr East
Jean I Fowler
503 N Chester St
Baltimore MD 21205
2bc 3c 4abd 6abc 7ihmu

March of Dimes Birth
Defects Found
Marianne Clisham
Reg Prog Coord
7215 York Rd
Baltimore MD 21212
2d 3c 4abc*def 6d 7ihmtu

Vivian E Washington Residence
Single Parent Svcs Baltimore
S E Haus
Chief Single Parent Svcs
Rm 300 Metro Plaza
Baltimore MD 21215
2c 3a 6c 7av

Park West Med Ctr
Allen J Bennett PD MPH
Tonya Johnson
3319 W Belvedere Ave
Baltimore MD 21215
2bc 3c 4ab 6d 7bhimu

Single Parents Svcs
Mimi Kraus LCSW
204 W Lanvale St
Baltimore MD 21217
2bc 3b 4ab 6bc 7khku

Parent-Child Ctr
Patricia Cassait
3028 Greenmount Ave
Baltimore MD 21218
2d 3c 4ab 6d 7bhmu

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7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Preparation for Parenthood
Peg S Totten
2701 N Charles St
Baltimore MD 21218
2bc 3c 4ab 6bc 7hm

Johns Hopkins Adolescent
Pregnancy and Parent Prog
Rosalie Streett
405 N Caroline St
Baltimore MD 21231
2b 3a 4ab 6bcd 7ahjkmuv

The Johns Hopkins Self Ctr
Rosalie Streett
405 N Caroline St
Baltimore MD 21231
2bc 3a 4a 6a 7jhmu

Franklin Square Hosp
Linda Michel RN
9000 Franklin Sq Dr
Baltimore MD 21237
2c 3b 4ab 6bc 7k

Start Right Maternal &
Infant Care Prog
Paula McLellan
Maryland Primary Hlth Care Assn
132 Holiday Ct Ste 211
Annapolis MD 21401
2c 3c 4ab 6d 7bhmu

Allegany Cty Hlth Dept
Maternity Intake
Helen Ruby RN
Comm Hlth II
PO Box 1745
Cumberland MD 21502
2d 3c 4abcd 6ab 7chmp

WIC Prog--Allegany Cty Hlth Dept
Judy Richmond RN
PO Box 1745 Willowbrook Rd
Cumberland MD 21502
2d 3c 4ab 6d 7nhm

Garrett Cty Hlth Dept
Improved Pregnancy Outcome
Sara K Donley BSN
253 N 4th St
Oakland MD 21550
2bc 3c 4bde 6d 7ihmu

Talbot Cty Hlth Dept
Maternity Prog
Althea A Ewing
Maternity Coord
PO Box 480
Easton MD 21601
2c 3c 4ab 6d 7chmv

Worcester Cty Prenatal Clinic
Martha Freeman CHN
107 Williams St
Berlin MD 21811
2bc 3c 4abc 6bc 7chmu

WIC Prog--Sacopee Valley
Hlth Ctr
Meredith Crain
Kezar Falls ME 04047
2d 3c 4b 6d 7nh

Children Don't Come with
Directions
Mary Usher RN
10 Sunset Ave
O O B ME 04064
2d 3c 4d 6c 7k

Maternal/Infant/Child Hlth Grant
Mary Ellen Orchenes
Portland Div Pub Hlth
389 Congress St
Portland ME 04101
2d 3c 4b 6d 7chmu

Parenting--Prep for Parenthood
American Red Cross/Portland
Ann Harriman
524 Forest Ave
Portland ME 04101
2c 3ab 4b 6d 7bah

PROP/WIC Prog
Shirley Dubuc
Prog Dir
145 Newburg St
Portland ME 04101
2d 3c 4abe* 6bc 7nhm

Maternal/Child Hlth Proj
Comm Hlth Svcs
Phyllis Kamin
Prog Dir
PO Box 8250
Portland ME 04104
2d 3ab 4abe 6d 7chmpt

Genesis
Pat Turner RN
200 College St
Lewiston ME 04240
2c 3a 4b 6bc 7bhmu

Maine Highway Safety Prog
Harland L Robinson
36 Hospital St
Augusta ME 04330
2d 3c 6c 7k

EPSDT/ME Dept Human Svcs
Edna Jones
Coord
Statehouse Sta 11
Augusta ME 04333
2d 3ab 4bd 6c 7e

Well Child Clinic--Preventive
Dental Prog
Stacie Beedy RDH BS
ME Dept Human Svcs
Off of Dental Hlth StHse Stn 11
Augusta ME 04333
2c 3c 4bc*d* 6c 7q

Sheepscot Valley Hlth Ctr
Roy Miller MD
Main St
Coopers Mills ME 04341
2c 3c 4b 6d 71hmos

Allied Systems Designs
Ellen Green
Hlth Proj Cons
27 State St
Bangor ME 04401
2c 3ab 4abcd 6d 7ahmu

WIC Prog--Penobscot-Piscataquis
ME Dept Hlth/Welfare
Diana Roak
103 Texas Ave
Bangor ME 04401
2d 3c 4abcde* 6d 7nhmq

WIC Prog--Pleasant Point
Hlth Ctr
Judith A R Carpenter
Pleasant Point Indian Tribe
Hlth Ctr
Perry ME 04667
2c 3ab 4bd* 6d 7nhm

Aroostook Valley Hlth Ctr
David Lieberman PA-C
Box 127
Ashland ME 04732
2d 3c 4b 6d 7bhm

Penobscot Bay Med Assoc
Primary Hlth Care Prog
Bridget Palmer RN/FNA
PO Box 608
Rockland ME 04841
2d 3c 4b 6d 7bhkm

Mid-Coast Family Planning
Mary Bollinger
Box 866
Rockland ME 04841
2d 3c 4b 6d 7jhu

Hlth Promotion Initiative
Comm Hlth Ctrs Proj
Beth Clark RN MS
Kennebel Valley Reg Hlth Agy
8 Highwood St Box 728
Waterville ME 04901
2c 3c 4b 6d 7lhm

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7p - Child abuse
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7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

WIC Prog--Kennebec Valley
Comm Action Prog
Kay Dutram
101 Water St Box 278
Waterville ME 04901
2d 3c 4be 6bc 7nh

Teen Parent Sch Prog
Sharon Houghton
Dir
Maine Childrens Home
34 Gilman St
Waterville ME 04904
2c 3ab 4b 6bcd 7ahmu

Bingham Area Hlth Ctr
Upper Main St
Bingham ME 04920
2c 3b 4b 6c 7kh

Adolescent Pregnancy Proj/KVCAP
Barbara Ann Flannery
50 Water St
Skowhegan ME 04976
3ab 4b 6bc 7abhjmpu

Preparation for Parenthood
Parenting Your Child
F Flowers RN
American Red Cross/SE MI Chapter
100 Mack Ave
Detroit MI
3c 4abc* 6d 7hijk

Area Svc Assn Young Moms
Therese T McNeil
MSW
45 E Pearl
Hazel Park MI 48030
2c 3ab 4b 6d 7ak

Macomb Cty Hlth Dept
Prenatal Care Prog
Patricia Duthie RN
Coord
43545 Elizabeth Rd
Mt Clemens MI 48043
2c 3c 4ab 6ab 7ihm

Pontiac Infant Hlth Prom Prog
Oakland Cty Hlth Div
Betty J Yancey BSN RN
Coord
1200 N Telegraph Rd
Pontiac MI 48053
2bc 3c 4abc* 6ab 7ihm

Prevention of Preterm Labor
Pontiac Gen Hosp
Karen A Schornack MSN RN
Perinatal Nurse Ed
Seminole at G W Huron
Pontiac MI 48053
2b 3b 4abc 6b 7it

Child Passenger Safety
Eva Clark
Annex
1200 N Telegraph
Pontiac MI 48053
2d 3c 4abc 6bc 7k

Prenatal Substance Abuse
Prevention--FAS
Eva Clark
Oakland Cty Hlth Div
1200 N Telegraph
Pontiac MI 48053
3c 4abc 6ab 7m

Pontiac Teen Mother Prog
Marilyn Williams
25 St Sanford
Pontiac MI 48058
2c 3a 4abc 6d 7ahmu

WIC Prog--Oakland Cty
Deborah McKee
196 Oakland Ave
Pontiac MI 48058
2c 3c 4abc*de* 6d 7nhv

St Clair Cty Hlth Dept
IHIP (ICARE)
Dorothy Lonsberry
Dir Nursing
3415 28th St
Port Huron MI 48060
2d 3c 4ae 6d 7chu

Catholic Soc Svcs St Clair Cty
Pregnancy Testing Prog
Liz Lamb SW
2601 13th St
Port Huron MI 48060
2c 3c 4abcd 6b 7ihmu

WIC Prog--St Clair Cty
Donna Blay
Coord
3415 - 28th St
Port Huron MI 48060
2bc 3c 4abcde 6d 7nh

Pregnancy Couns Unit
Kathleen McGuire ACSW
Catholic Soc Svcs of OK Cty
1424 E Eleven Mile Rd
Royal Oak MI 48067
2c 3c 4abc 6d 7ihkv

Parent-Infant Growth Prog
Family/Children Svcs Oakland
Beatrice Rowe
2351 W 12 Mile Rd
Berkley MI 48072
2c 3c 4abc*d 6bc 7khmu

Lamaze Childbirth Classes/
CSEC Classes
Nancy A Garavaglia
38118 Chatham Ct
Sterling Hgts MI 48077
2bc 3c 4ab 6d 7ihs

Planned Parenthood
Mid-Michigan
JoAnne Petersm
Exec Dir
PO Box 3673
Ann Arbor MI 48106
2bc 3c 4abc*def 6ab 7ju

Hlth Promotion Pub
Hlth Nursing Svcs
Margaret A Fox
Parent/Child Nurse Spec
Washtenaw Cty Hlth Dept
4101 Washtenaw
Ann Arbor MI 48107
3c 4abcef 6d 7chmu

Infant Research Lab Childrens
Psychiatric Hosp
Thomas M Horner PHD
3021 CPH Univ MI
Ann Arbor MI 48109-0010
2d 3c 4abcde 6c 7k

Family Practice Ctr
Chandice C Harris RN MSN
775 S Main St
Chelsea MI 48118
2c 3c 4ab 6d 7bhmuv

Riverside Hosp Prenatal Classes
B O'Lynnger RN
OB Head Nurse
4401 Rox Ct
Trenton MI 48183
2c 3c 4b 6bc 7ihu

Parent-Infant Prog
Michael Mulvihill MSW
Downriver Guidance Clinic
2959 Biddle
Wyandotte MI 48192
2c 3c 4ab 6bc 7bk

School-Age Parent Prog
Carole Rycus
Ypsilanti HS
2095 Packard
Ypsilanti MI 48197
2bcd 3a 4ab 6bc 7ahmu

Children's Ctr
Colleen Reed MSW CSW
Wayne Cty TeenAge Parent Prog
101 E Alexandria
Detroit MI 48201
2c 3ab 4ab 6d 7ahu

Hutzel Hosp Substance Abuse
Prog for Women
Barbara Fields
Clinic Dir
4827 Brush
Detroit MI 48201
2d 3c 4ab 6d 7m

Sacred Heart Womens Day
Treatment Ctr
Sonia J Archer
Dir
2230 Witherell YWCA Bldg 6th Fl
Detroit MI 48201
2d 3c 4abcd 6d 7mm

Detroit Dept Hlth
Eastside Hlth Ctr
Ruth Johnson
Nutritionist
7900 Kercheval
Detroit MI 48214
3c 4abf 6d 7chmu

Detroit Maternity & Infant
Care Proj
Annie L Thomas
Nutritionist
Detroit Mem Hosp
1420 S Antoine
Detroit MI 48226
2c 3c 4abc*de 6c 7hhmtu

Facilitating Teen Parents Pre-
mature Infant Interaction
Lois Quic ACSW
St John Hosp
22101 Moross Rd
Detroit MI 48236
2c 3a 4ab 6c 7ak

Lapeer Cty Crippled Children's
Prog & MCH
Pat Crawford RN
Lapeer Cty Hlth Dept
1575 Suncrest Dr
Lapeer MI 48446
2c 3c 4abc* 6d 7chik

Special Delivery Prog
St Joseph Hosp
Hellen Harley RN MS
302 Kensington
Funt MI 48502
2d 3c 4abcdef 6d 7ijk

Pregnancy Outreach Prog
March of Dimes
Sharon Kennedy
Coord
609 W Court St
Flint MI 48503
2c 3ab 4abc 6b 7ilhu

Saginaw Cty Dept Pub Hlth
Maternal/Infant Care Prog
Joyce Rouse
1600 N Michigan Ave
Saginaw MI 48602
2d 3c 4abcde 6bc 7chmuv

Group Hlth Svc of MI
4200 Fashion Square Blvd
Saginaw MI 48603
2d 3c 4abc* 6b 7m

N MI Hlth Svcs
Gayle Willett RN
Patient Ed/Advocate
PO Box 785
Houghton Lake MI 48629-0785
2c 3c 4b 6bc 7ih

STAR (Svcs to Teens at Risk)
Jan Crozier RN
125 W Main St
Midland MI 48640
3a 4abcdef 6b 7ahjkmu

Sterling Area Hlth Proj
Roger J Rushlow
Exec Dir
725 E State St
Sterling MI 48659
2d 3c 4b 6d 7lhmu

Infant Hlth Initiative
Dist Hlth Dept 3
Jeannine Denton RN BSN
806 W Houghton Ave
West Branch MI 48661
2d 3c 4b 6bc 7ckhm

Bay-Arenac Interm Sch Dist
Spec Ed Svcs Pregnant Teens
Norma Gravlin RN PNP
Proj Coord
4228 2 Mile Rd
Bay Cy MI 48706
2bc 3c 4abcd 6bc 7ahmu

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7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Lutheran Child/Family Svc of MI
Clarence D Fischer
Dir Pro Svcs
PO Box B 522 N Madison
Bay Cy MI 48707
2d 3c 4ab 6bc 7ihmu

P A I R Perinatal Prog
Kim Barnas
503 N State
Alma MI 48801
2d 3c 4bc 6bc 7kbhimv

Ctr for Study of Infants & Their Families
Michael Trout
Dir
503 N State
Alma MI 48801
2d 3c 4abcd 6bc 7khk

Prenatal Postpartum Care
Barry Eaton Dist Hlth Dept
Pamela Groner
528 Beech St
Charlotte MI 48813
2c 3ab 4abc 6ab 7ik

Perinatal Positive Parenting
Robert Boger MD
Inst Family & Child Study
HMH Unit 2 Coll Human Ecology
E Lansing MI 48824-1030
2c 3c 4ab 6bc 7k

Sch Age Parent Prog
Livingston Cty Hlth Dept
210 S Highlander Way
Howell MI 48843
2s 3ab 4abcde 6be 7abhmuv

Ionia Cty Expectant Parents Prog
Bonnie Galloway RN
479 Lafayette St
Ionia MI 48846
2c 3ab 4bcd 6bc 7ih

Prenatal/Postpartum Care
Mid-MI Dist Hlth Dept
Bonnie Joyal RN C
Coord
601 N State Rd
Stanton MI 48888
2d 3c 4abcdef 6bc 7ihmtu

Jean Granger Prenatal Clinic
Sheila Dubenion-Smith
306 W Willow
Lansing MI 48906
2d 3ab 4abcdef 6bc 7ihmu

Cristo Rey Adolescent Parenthood Prog
Mary Gray
Mid-Michigan Amer Red Cross
PO Box 30101
Lansing MI 48909
2c 3ab 4abc 6c 7akhm

Michigan Dept of Social Svcs
Stanley Stewart
300 S Capitol
Lansing MI 48909
3a 4abc*df 6d 7ahmu

WIC Prog--Ingham Cty Hlth Dept
Esther Potestpark
5303 S Cedar
Lansing MI 48909
2b 3b 4abc*de*f 6d 7nh

Kalamazoo Cty Head Start
Patty Mais
201 W Kalamazoo Ave
Kalamazoo MI 49007
2d 3c 4abce 7kh

Every Child a Wanted Child--Planned Parenthood
Louise D Safron
Exec Dir
4201 W Michigan Ave
Kalamazoo MI 49007
2d 3c 4abce* 6d 7ju

WIC/Nutrition Bur
Kalamazoo Cty Pub Hlth Div
Nancy Servoss RD
418 W Kalamazoo Ave
Kalamazoo MI 49007.
3c 4abc*def 6d 7nh

MARCHA
Jame Miller RN
Box 130
Bangor MI 49013
2d 3c 4abc* 6d 7l

Expectant Parents Classes
Pre-Natal Clinic
Virginia Benedict
Barry-Eaton Hlth Dept
110 W Ctr St
Hastings MI 49058
2c 3b 4b 6d 7i

Maternal Child Hlth Prog
Suzanne Carl RN
Jackson Cty Hlth Dept
410 Erie St
Jackson MI 49202
2d 3a 4abcdef 6d 7abhi

Detroit Hlth Dept--Hlth Ed
Risk Reduction Prog
Larry Lockridge MD MPH
1151 Taylor
Detroit MI 49202
3ab 4abcd 6b 7m

WIC Prog--Lenawee Cty
Frances Phillips
848 Hoch Ave
Adrian MI 49221
2d 3c 4abc*de*f* 6d 7nhmp

Family Learning Ctr Sch
Age Parent Prog
Jean L Ekins
Leslie Public Schs
400 Kimball St
LLeslie MI 49251
2d 3ab 4abcd 6d 7ahmuv

Holland-West Ottawa-Saugatuck
Comm Educ
Jan Dalman
Ctr for Comm Educ
96 w 15th
Holland MI 49423
2c 3ab 4abce 6d 7ahmu

ASSIST (Antepartum Support Svcs)
Ottawa Cty Hlth Dept
Sharon VanPutten
RN ASSIST Prog Coord
323 N River Ave
Holland MI 49423
2d 3c 4bc 6be 7ihm

Muskegon Cty Hlth Dept
B Joseph RN
Dir of Nursing
1611 E Oak
Muskegon MI 49442
2d 3c 4abc*def 6d 7chmu

Male Involvement Prog
Steven L Creamer
Planned Parenthood of W MI
425 Cherry SE
Grand Rapids MI 49503
2d 3c 4abcdef 6d 7j

Planned Parenthood Ctrs of W MI
Suzy Reiter RNC
425 Cherry SE
Grand Rapids MI 49503
2d 3c 4abcdef* 6ab 7jhmu

Blodgett Hosp Expectant
Parent Educ Prog
Pat Krauser RPT EPE
Superv
Blodgett Mem Med Ctr
1840 Wealthy SE
Grand Rapids MI 49506
2c 3c 6bc 7bhi

NW MI Hlth Svcs
Migrant Hlth Prog
Willa E Hayes RN
Dir Nursing Svcs
10767 Traverse Hwy Ste B
Traverse City MI 49684
2d 3c 4abc*df* 6d 7ih

Teenage Parent Prog
Evelyn Debebe
Child/Family Svcs of MI
1044 US 23 N
Alpena MI 49707
2c 3ab 4b 6d 7ah

Perinatal Educ
Marie Nadeau RN
Alpena Gen Hosp
1501 W Chisholm
Alpena MI 49707
2c 3c 4b 6b 7bhm

TELSTAR--Rural Prog for
Handicapped Children 0-5
Gail Authier
Preschool Cons
Alpena-Montgomery-Alcona Sch Dis
1691 M32 W
Alpena MI 49707
2d 3c 4b 6c 7iv

Char-Em Alternative Prog for
School-Age Parents
Mary Biagini
Coord/Teacher
Mercer Blvd
Charlevoix MI 49720
2d 3ab 4bdf 6d 7abhmpv

Thunder Bay Comm Hlth Ctr
Prenatal Care/Expec Parent Class
Ruth Ziel RN BSN
610 Caring St
Hillman MI 49746
2bc 3c 4b 6bc 7ihm

Sch for Adolescent Parents
Patricia Smith RN
Dist Hlth Dept #3
2233 Mitchell Ct
Petoskey MI 49770
2c 3a 4bd 6d 7ahmiku

Dist Hlth Dept 3
Bert Notestine - Hlth Educ
2233 Mitchell Ct
Petoslay MI 49770
2d 3c 4bde 6d 7bhu

Pregnancy Svcs of Marquette
Linda Kearney
Dir
347 Rock St
Marquette MI 49855
2c 3c 4abd 6ab 7iju

WIC Prog--Multi-Cty Nursing Svc
Moninia S Oliveros RD
Box 701 Hwy 34 E
Detroit Lakes MI 56501
2c 3c 4abcde* 6bc 7nhmo

EFNEP--Coll Micronesia
Coop Ext Svc
Enid McKay
US Dept Agric
Box 1015
Majuro MI 96960
2b 3c 4e* 6d 7dh

Expectant Parent Classes
Hinckley Area Clinic
Merry Marks
PO Box 280
Hinckley MN 55037
2c 3b 4b 6b 7ih

St Paul Maternal/Infant Care
Proj/Adolescent Svcs Proj
Ann Ricketts
640 Jackson St
St Paul MN 55101
2c 3a 4abc*de* 6d 7abhmu

**YMCA of the USA**
**You & Me Baby**
**Susan Regnier**
**194 E 6th St**
**St Paul MN 55101**
**2c 3c 4abcde* 6bc 7bnhm**

Childnet: Making Connections for Minnesotas Children
Andrea Christianson
Proj Dir
906 N Dale
St Paul MN 55103
6c 7kh

Family Tree
Trish Booth
1599 Selby Ave
St Paul MN 55104
2c 3c 4b 6ab 7bhmou

Lincoln House Childrens Home Soc MN
Mary Lou Gladhill
2230 Como Ave
St Paul MN 55108
2bc 3ab 4abd 6bc 7khmv

Foster Care & Med Svcs
June Wheeler PHN
MN Childrens Home Soc
2230 Como Ave
St Paul MN 55108
2c 3ab 4abcd 6d 7kh

Minneapolis Hlth Dept Maternal and Child Hlth Prog
Karen Knoll
Prog Mgr
250 S 4th St
Minneapolis MN 55415
2d 3c 4abc*de* 6d 7chku

Dental Hlth Prog
MN Dept of Hlth
Richard J Hastreiter DDS MPH
Dental Hlth Dir
717 Delaware St SE
Minneapolis MN 55440

Seton Prog Catholic Charities
Minneapolis St Paul
Karen Ravenhorst
18015 33rd Ave
Plymouth MN 55447
2c 3ab 4ab 6bc 7ihm

Koochiching Itasca Action Counc
WIC Proj
Wendy Anderson RD
WIC Proj Dir
PO Box 828
Grand Rapids MN 55744
2b 3c 4bd 6d 7nhm

Pilot Parents of NE MN
Lynne Frigaard
Dir
201 Ordean Bldg
Duluth MN 55802
3c 4abcdef 6c 7kv

Prenatal Classes for Cambodians
Barbara Huus
Olmstead Cty Hlth Dept
415 4 St SE
Rochester MN 55904
2b 4e* 6bc 7ijh

WIC Prog--Winona Cty Pub Hlth Nursing Svc
Jane M Starnes
WIC Coord
Courthouse
Winona MN 55987
2c 3ab 4abcde* 6d 7nh

American Red Cross/Winman Cty
Lynn Theuren
498 Kerry Ct
Winona MN 55987
2c 3c 4b 6bc 7h

WIC Prog--MN Valley Action Coun
Carla Peterson
410 Jackson St 3rd Fl Nichol Ctr
Mankato MN 56001
3ab 4abcdef 6d 7nhm

La Leche of MN
Kathy Westerman
103 Inner Dr
Montgomery MN 56069
2d 3c 4bf* 6d 7ohk

Maternal/Child Hlth Prog
Brown/Nicollet Cty
Linda Kluever PHN
Nicollet Cty Pub Hlth Nurs Svc
Courthouse Box 73
St Peter MN 56082
2d 3c 4abcde 6bc 7bh

Countryside Pub Hlth Svc
Laurie Dieken PHN
Courthouse
Granite Falls MN 56241
2c 3c 4bd 6bc 7chm

Lyon County Comm Nursing Svc
Michelle Malmquist
Lyon Cty Courthouse
607 W Main
Marshall MN 56258
2c 3ab 4b 6d 7bhnu

Class
Immunization Clinics
Nancy Alsase PHN
Countryside Pub Hlth Svc
Chippewa Cty Courthouse
Montevideo MN 56265
3c 4bc*e 6d 7chkm

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7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Expectant Parent Class
Barbara Carlson PHN
Stevens Cty Pub Hlth Nursing
Box 404
Morris MN 56267
2c 3ab 4abd 6bc 7bhmu

WIC Prog--Todd Cty Pub Hlth Prog
119 3rd St S
Long Prairie MN 56347
2c 3c 4abe 6bc 7nh

WIC Prog--Tri-Cty Action Prog
Mary Clare Rieschl
WIC Prog Dir
728 S Benton Dr
Sauk Rapids MN 56379
2c 3b 4abc*de* 6bc 7nhmq

WIC Prog--Wadena Cty
Mary M Peterson
415 S Jefferson - Courthouse
Wadena MN 56482
2d 3c 4abc*de* 6d 7nhm

WIC Prog--OtterTail Cty
Dept Hlth
Florence Guse LPN
Court House
Fergus Falls MN 56537
2d 3c 4bde* 6bc 7nhm

Family Plng
Roberta Vorderbruggen
Box L
New York Mills MN 56567
2b 3c 4b 6ac 7ju

WIC Prog--Beltrami Cty
Edith Ann Jessen RN
815 W 15th St
Bemidji MN 56601
2c 3c 4bde 6d 7nhm

WIC Prog--Tri-Valley Opportunity Counc
Darleen Mushel RN
109 S Main
Crookston MN 56716
2c 3ab 4bc 6bc 7nh

Quin Cty Maternal/Child Hlth Special Prog
Viola Rud
Box 248
Newfolden MN 56738
2b 3c 4bcd 6d 7k

4-Cty EPS/WIC
Ruth Nepper
Courthouse
Warren MN 56762
2d 3c 4abc*de*f 6d 7nhm

Post-Partum Phone Call Follow-UP
Christian Hosp NW
Cynthia Bernard CNM
1225 Graham
Florissant MO 63031
2c 3c 4abe 6c 7k

St Louis Cty Dept Comm Hlth
Lourdus Santos-Pardo MD
801 S Brentwood
Clayton MO 63105
2d 3c 4abce 6d 7chmu

Hlth Promotion/Disease Prevention Prog
Paula W Stewart
Yeatman/Union-Sarah Hlth Ctr
2730 N Grand Ave
St. Louis MO 63106
2c 3c 3ab 6bc 7abh

Preparation for Parenthood
American Red Cross/St Louis
Maragaret Wichard
4050 Lindell
St Louis MO 63108
2c 3c 4abce 6bc 7bh

Primary Care Counc--Hlth Care Referral Hotline
Janice Vespa
Primary Care Concil/St Louis
4900 Delmar Blvd 4th Fl
St Louis MO 63108
2d 3c 4abcdef 6d 7b

Maternal Hlth Prog
Erin L O'Reilly RN
Family Care Ctr of Carondolet
6313 Michigan
St Louis MO 63111
2c 3b 4b 6bc 7bhim

Univ MO St Louis
Sch of Nursing
Janice M Spikes RN PHD
8001 Natural Bridge Rd
St Louis MO 63121
2c 3ab 4ab 6d 7bhikm

La Leche League--St Louis Mo/WIC
Marene Olwig
2782 Irondale
St Louis MO 63129
3ab 4a 6bc 7no

High-Risk Infant Follow-Up Prog
Gracie Hutchinson
7305 Manchester
St Louis MO 63143
2d 3c 4abcde 6c 7kt

NEMO Area Prenatal Prog
Adair Cty Hlth Dept
Adair Cty Courthouse
Kirksville MO 63501
2c 3c 4abe 6b 7chmu

WIC Child Hlth Conf--Prenatal
Ste Genevieve Cty Hlth Dept
Lois M Doherty RN CHN III
PO Box 49
Ste Genevieve MO 63670
2c 3c 4b 6d 7nh

WIC Prog--Stoddard Cty
Judi Williams
Rt 4 Box 189A
Dexter MO 63841
2d 3c 4abd 6bc 7nhm

WIC Prog--Pemiscot Cty
Diana Koenning MPH RD
PO Drawer B
Hayti MO 63851
2d 3ab 4ab 6bc 7nh

Prepared Childbirth Classes
Doctors Reg Med Ctr
Pam LaFountain RN
621 Pine
Poplar Bluff MO 63901
2bc 3c 4ab 6bc 7ihm

Hlthy Parents Healthy Children Parenting Classes
Janice Sortwell RN BSN
Cy of Independence
223 N Memorial Dr
Independence MO 64050
2d 3c 4abcde 6d 7kh

Hilltop Sch
Suzanne F Huff
3400 N Lee's Summit Rd
Lee's Summit MO 64063
2d 3a 4abc 6d 7amhu

Johnson Cty Comm Hlth Svcs
Judy Schache RN
601 E Jay St
Warrensburg MO 64093
2d 3c 4abcf 6d 7chk

YWCA Parenting Ed Proj
Anita Shekinah
Proj Dir
YWCA of Kansas Cty
1000 Charlotte St
Kansas City MO 64106
3ab 4abc 6c 7ahk

St Maries Family Med Ctr
Mailla D Staker RN
2900 Baltimore
Kansas Cy MO 64108
2c 3c 4abc 6d 7ik

Pregnancy Lifestyle Profile
Kansas Cy MO Hlth Dept
Phyllis Miller
1423 E Linwood
Kansas City MO 64109
2bc 3ab 4abc 6b 7ihmv

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7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

American Red Cross/KS Cy Chapter
Preparation for Parenthood
Carol Frost
3521 Broadway
Kansas City MO 64111
2c 3b 4abc 6bc 7kbh

WIC Prog--TMC East
Sue Carey
Little Blue & Lees Summit Rd
Kansas Cy MO 64139
2c 3ab 4abc 6d 7nh

Kay Cee am La Leche League
Kathleen Kiser
Leader
8110 N London Dr
Kansas City MO 64151.
2ac 3c 4abce* 6bc 7ohk

WIC Prog--St Joseph-Buchanan
Cty Hlth Dept
Jerry McDonald
Nutritionist
904 S 10th St
St Joseph MO 64503
2c 3ab 4abc 6bc 7nh

Daviess Cty Hlth
Prenatal Clinic
Valletta Dannull RN
Courthouse
Gallatin MO 64640
2c 3c 4b 6bc 7ihm

WIC Prog
Suzanne Woodord
513 Kentucky
Joplin MO 64801
2d 3c 4abcde* 6bc 7nhkq

Prevention for Mental
Retardation MO Div of Hlth
Annette M Kobriger
1730 E Elm St
Jefferson Cy MO 65101
3c 4abe 6bc 7h

Prenatal Letter Prog
MO Div Hlth Dept Soc Svcs
Glenda Hamilton MS MSPH
PO Box 570
Jefferson Cy MO 65102
2bc 6ac 4abcdef 6bc 7ih

WIC Prog--Cooper Cty Nursing Svc
CHC Family Plng
Trudi Fahrenbrink RN CHN II
Courthouse
Boonville MO 65233
2c 3ab 4abd 6d 7nhmu

Child Hlth Conference
Chariton Cty Nursing Svc
J Kussman RN
Courthouse
Keytesville MO 65261
2d 3b 4ab 6c 7kh

High Risk Follow-Up
Benton Cty Hlth Dept
Marilyn Ryan RN
PO Box 935
Warsaw MO 65355
2c 3ab 4bc* 6c 7kh

Prenatal & Expectant Parent
Benton Cty Hlth Dept
Rebecca Lynn RN CHN III
Admin
PO Box 935
Warsaw MO 65355
2d 3c 4abcde 6bc 7iht

WIC Prog--Dent Cty Hlth Ctr
Cty Hlth Ctr Prenatal Class
Carol Plank
501 S McArthur
Salem MO 65560
2c 3c 4b 6bc 7nh

Dallas Cty Hlth Dept
Dolores Henderson
Admin
PO Box 94
Buffalo MO 65622
2c 3c 4b 6d 7ch

Home Visitor Prog
Mary Nau
Springfield Greene Cty Hlth Ctr
227 E Chestnut Expy
Springfield MO 65802
2d 3c 4abe 6c 7kh

Comm Hlth Svcs
Linda Dowdy RN
Dir
American Red Cross
1730 E Portland
Springfield MO 65804
2d 3ab 4ab 6bc 7ihkmu

Springfield-Greene Cty
Maternal/Child Hlth
Annabelle Masberry
227 E Chestnut Expy
Springfield MO 65807
2d 3c 4abe 6d 7chmu

Tippa Cty Hlth Dept
116 W 1st St
Ripley MS 38663
2c 3ab 4ab 6b 7ch

MS St Dept of Hlth
NE Pub Hlth Dist II
Box 199
Tupelo MS 38802-0199
2d 3c 4abcd 6d 7cahuv

Jefferson Comp Hlth Ctr
Thais Franklin
Nutritionist
Box 98
Fayette MS 39069
2c 3c 4ab 6d 7nhjmu

S Ctr MS Rural Hlth Assn
Tri-Cty Comm Hlth Ctr
Box 28
New Hebron MS 39140
2d 3c 4ab 6d 71hmt

Adolescent Pregnancy Task Force
Linda Ross Aldy
Governor's Comm Children & Youth
802 N State St
Jackson MS 39201
2d 3a 4abcdef 6d 7a

S Jackson Hlth Dept Clinic
Gen Feyen CNM
Cy Jackson Cty Hinds Hlth Dept
1312 Jones Ave
Jackson MS 39204
2d 3c 4abe 6d 7chmu

Crestview--Crittenton Ctr for
Mothers & Children
Christopher M. Cherney
MS Children's Home Society
PO Box 1078
Jackson MS 39205
2c 3a 4ab 6d 7a

Mississippi Prenatal
Awareness Proj
Judy Barber
MS Dept of Hlth
PO Box 1700
Jackson MS 39205
2d 3c 4ab 6d 7cv

Adolescent Hlth Ed
Jane Stanton
Hlth Educ
Hinds Cty Hlth Dept
PO Box 368
Jackson MS 39205-0368
2d 3c 4ab 6abc 7ahju

WIC Prog--MS Dept Hlth
Kathy B Knight
Nutrition Ed Spec
2906 N State St Dale Bldg #501
Jackson MS 39216
2d 3c 4ab 6d 7nh

Coastal Family Hlth Ctr
Kathryn M Shanks
Dir
PO Box 475
Biloxi MS 39533
2d 3c 4abc* 6d 7b

Coop Ext Svc MS St Univ
US Dept Agriculture
P.O. Box 5405
Miss State MS 39762
2c 3c 4ab 6c 7k

Big Horn Cty Hlth Dept
Dolly D Lind
809 Custer
Hardin MT 59034
2c 3ab 4bd 6d 7chm

Lame Deer Clinic Comm Hlth
Nursing Prog
Mary M Dodson
US Pub Hlth Svc
DHHS Indian Hlth Ctr
Lame Deer MT 59043
2d 3c 4d 6d 7ghmtu

WIC Prog--N Cheyenne
Comm Hlth Ctr
Sue Ormond RD
US Pub Hlth Svc
Lame Deer MT 59043
2bc 3ab 4d 6bc 7nhm

Prenatal Clinic
Linda M Smith RD MPH
PO Box AD
Lodge Grass MT 59050
2c 3c 4bd 6d 7gh

WIC Prog--Crow Reservation
JoAnn Holland RD
Lodge Grass Hlth Clinic
Lodge Grass MT 59050
2c 3c 4bd* 6bc 7nh

Young Families Prog
Michele Konzen
Dir
1721 Lewis Ave
Billings MT 59102
2ac 3ab 4bc 6d 7ahkmu

MT Ctr for Handicapped Children
Michael Hagen MD
E MT College
1500 N 30th
Billings MT 59105
2bc 3c 4abcd 6c 7hv

WIC Prog--Valley/Phillips Cty
FM Deaconess Hosp
Janet Aumann RD
621 3rd St
Glasgow MT 59230
2c 3c 4bd 6d 7nhm

Maternal/Child Hlth
Custer Cty Hlth Dept
Courthouse Annex
Miles Cy MT 59301
2c 3c 4b 6c 7khu

Dawson Cty Hlth Dept
Jeanne Seiferf RN
205 W Bell
Glendive MT 59330
2c 3c 4a 6bc 7chm

Prenatal Classes
Teton Med Ctr
Jane Hartman
Box 279
Choteau MT 59422
2c 3c 4bd 6bc 71hm

Helena Sch Dist #1
Loretta Carter RN
Sch Nurse
105 Fairway Dr
Helena MT 59601
2c 3ab 4bcd 6bc 7ahmu

Tri Cty Family Plng
Ruth Gardner
201 S Main Rm 218
Helena MT 59601
2c 3c 4bd 6a 7jhu

MT Advocacy Prog
Devel Disabilities
Kristin Bakula
Exec Dir
1219 8th Ave
Helena MT 59601

Smoking & Pregnancy Prog
American Lung Assn/MT
Anna Jones
Prog Cons
825 Helena Ave
Helena MT 59601
2bc 3c 4abcdef 6d 7m

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7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Shodair Childrens Hosp Dept
Med Genetics
Joan Fitzgerald MS
Genetic Couns
Box 5539
Helena MT 59604
2d 3c 4abcde 6d 7bmr

Comm Hlth Nursing
Maxine Ferguson RN MN
Chief Nursing Bur
Mt Dept of Hlth & Env Sci
Cogswell Bldg
Helena MT 59620
2d 3c 4bd 6d 7bhmu

Montana Perinatal Prog
Donald E Espelin MD
MT Dept Hlth/Env Sci
Cogswell Bldg
Helena MT 59620
2d 3c 4bd 6d 7bhmu

Dental Hlth Promotion MT Dept
Hlth/Environ Sci
William G Haggberg
Chief-Dental/Hlth Educ Bur
C303 Cogswell Bldg
Helena MT 59620
2d 3c 4bd 6d 7q

WIC Prog--MT
David L Thomas
WIC Prog Coord
MT Dept Hlth/Environ Sci
Cogswell Bldg
Helena MT 59620
2d 3c 4abc*d*e*f 6d 7nh

WIC-Parenting Classes--Gallatin
Cty Hlth Dept
Jackie Stonnebe
Courthouse Rm 103
Bozeman MT 59715
2d 3c 4bde 6d 7nho

Fetal Alcohol Research Prog
MT St Univ Vet Sci Dept
Bozeman MT 59717
3c 4d 6bc 7m

EFNEP--MT St Univ Coop Ext Svc
Ruth Lonone
US Dept Agric
Taylor Hall MSU
Bozeman MT 59717
2b 3b 4abcdef 6d 7dh

Beaverhead-Madison
Chemical Dependency Fac
Merlin Greenfield
Cty Courthouse
Dillon MT 59720
2c 3c 4bd 6d 7m

WIC Prog--Flathead Reservation
Patricia A Doran MPH RD
US Pub Hlth Svc
26 Round Butte Rd W
Ronan MT 59864
2ac 3c 4bd 6d 7nhmo

WIC Prog--Lincoln Cty/Eureka
Jean Williams
Box 403
Eureka MT 59917
2c 3c 4b 6d 7nhm

Childbirth Information Assoc
Linda Baziuk AAHCC IH
Rt 3 Box 304
Yadkinville NC 27055
2d 3c 4abc*d 6d 7ahmuv

Maternal/Child Hlth and WIC
Yadkin Cty Hlth Dept
PO Box 457
Yadkinville NC 27055.
2d 3c 4abc* 6d 7nhmu

OCCHS (Orange-Chatham Comp
Hlth Svcs) & Prospect Hill Clnc
Joann Hoggerty
Prospect Hill NC 27324
2d 3c 4abc* 6d 7h

Agricultural Extension Prog
Wilda Wade
Proj Coord
PO Box 21928
Greensboro NC 27420
2bc 3a 4abcde 6bc 7ahm

Preconceptional Hlth Promotion
Univ NC OB/GYN Dept
Merry-K Moos FNP MPH
214 MacNider Bldg 202H
Chapel Hill NC 27514
2c 3c 4abcde 6a 7jhmu

Parenting Classes
Harnett Cty Hlth Dept
Gloria Thomas
Main St
Lillington NC 27546
2b 3b 4abc 6d 7kh

Boone Trail Med Ctr
John L Briggs MD
Drawer B Hwy 421
Mamers NC 27552
2c 3ab 4ab 6d 7bh

Orange-Chatham Comp
Hlth Svcs
T M Miller MD
PO Box 319
Moncure NC 27559
2bc 3c 4ab 6d 7bhmu

Johnston Cty Hlth Ctr
Maternity Clinic
Cathy Howes RN
Smithfield NC 27577
2d 3c 4abc* 6bc 7chimtu

Wake Cty Hlth Dept
Maternal Hlth Prog
Mary E Stevens RN FPNP
Wake Cty Hlth Dept
PO Box 949
Raleigh NC 27602
2d 3c 4abce 6d 7cht

NC Medicaid
Barbara D Matula
Dir
410 N Boylan Ave
Raleigh NC 27603
2d 3c 4abcdef 6d 7eh

Wake Teens & Tots Clinic
Patricia Jackson FNP
300 New Bern Ave
Raleigh NC 27610
2c 3a 4abcdef 6c 7abhjuv

Preterm Birth Prevention
Wake Area Hlth Ed Ctr
Susan Runsey
300 New Bern Ave
Raleigh NC 27610
2c 3c 4abc 6ab 7it

EFNEP
Food Nutrition Dept
Sarah M Hinton RD
US Dept Agric
Box 7605
Raleigh NC 27695-7605
2bc 3b 4ab 6d 7dho

Family & Child Develop Prog
3007 N Main St
Tarboro NC 27886
2d 3c 4abc 6d 7bhmp

Child Hlth
American Red Cross/Martin Cty
Penny Cowan RN
PO Box 546
Williamston NC 27892
2bc 3ab 4abc 6c 7kh

Prenatal Care
American Red Cross/Martin Cty
Kittie Davis RN
PO Box 546
Williamston NC 27892
2bc 3b 4ab 6bc 7ih

High Risk/Low Risk
Maternal Educ
Vickie Brooks
Union Cty Hlth Dept
PO Box 1139
Monroe NC 28110
2bc 3c 4ab 6b 7chm

Scotland Cty Hlth Dept
M Hambright RN
PO Box 69
Laurinburg NC 28352
2d 3c 4abcde 6d 7cahmuv

WIC Prog--Scotland Cty
Valerie Hines
PO Box 69
Laurinburg NC 28352
2d 3ab 4abde 6d 7nhm

Maternal/Child Hlth Migrant Proj
Tri-Cty Comm Hlth Ctr
Kim Larson RN
Unic NC Sch Pub Hlth
PO Box 237
Newton Grove NC 28366-0237
2ab 3ab 4abc*f* 6d 7lhmuv

Child Nutrition & Nutrition Ed
Francis C Parker RD
Kinston Cy Schs
1202 Harding Ave
Kinston NC 28501

WIC Prog--Lenoir Cty
Kathy Tucker
WIC Dir
201 N McLewean St
Kinston NC 28501
2d 3c 4abc*d 6d 7nho

Onslow Cty Hlth Dept Prenatal
Prog
Ann Catino RN
612 College St
Jacksonville NC 28540
2c 3ab 4abcde* 6ab 7chiu

WIC Prog--Onslow Cty
Phyllis M Woodson
612 College St
Jacksonville NC 28540
2c 3ab 4abc*de 6bc 7nhm

Maternity
Greene Cty Hlth Dept
Mary Taylor
106 Hines St
Snow Hill NC 28580
2bc 3ab 4ab 6ab 7ihu

Catawba Cty Hlth Dept
(MCH Svcs)
Janice B Kleva RH Ed
Rt 3 Box 338
Hickory NC 28601
6bc 3c 4abc*de* 6d 7hmtu

Watauga Cty Hlth Dept OB Prog
Mary Reiclee RN
Rt 5 Box 199
Boone NC 28607
2d 3c 4abc*e* 6d 7chjmt

New River Mental Hlth Ctr--Fetal
Alcoholism Syndrome Prog
Judy G South
Mental Hlth Ed
Route 5 Box 20-A
Boone NC 28607
2c 3c 4b 6ab 7m

Caldwell Cty Hlth Dept
Mary Jugg Styres Don
PO Box 868
Lenoir NC 28645
2b 3c 4ab 6d 7chimu

Burke Cty Well-Child Prog &
Maternity Clinic WIC
Betty Garrou RN
PO Box 1266
Morgantown NC 28655
2d 3c 4abce 6d 7nhmu

Iredell Cty Hlth Dept
Prenatal Clinic
Becky Anderson RN PHN
PO Box 1268
Statesville NC 28677
2c 3ab 7ab 6b 7chu

Alexander Cty Hlth Dept
Prenatal Clinic
Elizabeth King
322 1st Ave SW
Taylorsville NC 28681
2bc 3c 4ab 6bc 7chkmu

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7l - Rural
7m - Substance use
7n - WIC
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7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Henderson Cty Hlth Dept
Barbara Stanley RN
1347 Spartanburg Hwy
Hendersonville NC 28739
2c 3c 4abc*e 6d 7chmu

Graham Cty Hlth Dept
Karen Williams
PO Box 546
Robbinsville NC 28771
2c 3c 4bd 6d 7chmu

Jackson Cty Hlth Dept
Sylvia Smith
102 Scotts Creek Rd
Sylvia NC 28779
2c 3c 4b 6b 7chm

Parents Helping Parents
/Preparation for Parenthood
Jean Blackburn
Coord Nursing/Hlth Svcs
American Red Cross/Asheville
100 Edgewood Rd
Asheville NC 28804
2d 3c 4ab 6d 7bhmu

WIC Prog--Richland Cty
Ruby Sinner
413 3rd Ave
Wahpeton ND 58075
2c 3ab 4bcd 6bc 7nh

Optimal Pregnancy Outcome Proj
ND Dept Human Svcs
Mary Schaefer
Comm Hlth Ctr
401 3rd Ave N
Fargo ND 58102
2d 3ab 4abde 6b 7ihuv

EFNEP--ND St Univ Coop Ext Svc
Sue Fowler
US Dept Agric
PO Box 5016
Fargo ND 58105
2d 3b 4abcd 6d 7dh

Belcourt Indian Hosp
Colleen L Longer MSW
Dir MH/SS
US Pub Hlth Svc
Belcourt ND 58316
2c 3c 4d 6d 7ghmu

Comm Hlth Nursing--Prenatal
Postpartum/Well Child Clinic
Leslie Carlson DCHN
Pub Hlth Svc Indian Hosp
Belcourt ND 58316
2d 3c 4bh 6d 7ghmuv

EPSDT/ND Dept Human Svcs
Doris M Schell
Admin
3rd Fl Judicial Wing St Capitol
Bismarck ND 58502
2d 3a 4abcdef 6d 7ehmu

Newborn Prog Dental Div
ND Hlth Dept
State Capitol
Bismarck ND 58505
2bc 3c 4bd 6c 7q

WIC Prog--Custer Dist Hlth Unit
Loa Jean Miller
WIC Coord
301 1st St NE #201
Mandan ND 58554
3c 4bde 6bc 7nhm

Minni-Tohe Hlth Ctr
US Pub Hlth Svc
PO Box 400
New Town ND 58763
2c 3ab 4d 6bc 7ghm

WIC Prog--Univ NE Med Ctr
Margot Mason RD
Dir
412 Ctr Mall 42nd and Center
Omaha NE 68105
2d 3c 4abc*de*f 6bc 7nhm

You & Your Baby Prenatal
Classes
Doris Westman
Visiting Nurse Assn Omaha
4409 S 42 Ave
Omaha NE 68107
2bc 3ab 4ab 6bc 7ahu

Head Start Child Devel
Ardella Caldwell
Hlth Coord
3025 Parker St
Omaha NE 68111
2c 3b 4abc*de 6d 7khu

Salvation Army Booth
Clinic & Residence
Mary Sibley RN
426 S 40th St
Omaha NE 68131
2c 3c 4abcd 6b 7bhmu

Lincoln-Lancaster Cty
Hlth Dept
M Jane Ford
2200 St Mary's
Lincoln NE 68502
2d 3c 4abc*de 6d 7chmqu

Lincoln Counc Alcoholism/Drugs
Fetal Alcohol Syndrome Prev
Becky Beardsely RN/BSN
FAS Prog Coord
215 Centennial Mall S Ste 212
Lincoln NE 68508
2c 3c 4abcd 6ab 7m

Survival Skills
Rae Hope Putney
YWCA
1432 N St
Lincoln NE 68508.
2bc 3ab 4abcd 6d 7ahmu

Nebraska Migrant Hlth Proj
Franklin Harris
State Dept of Hlth
Box 95007
Lincoln NE 68509
2d 3c 4abc*de 6d 7lhmu

EPSDT/NE Dept Social Svcs
Sandi Kahlandt
PO Box 95026
Lincoln NE 68509
2d 3c 4abcdef 6c 7e

Nebraska Aid to Dependent
Children-Unborn Prog
George Kahlandt
PO Box 95026
Lincoln NE 68509
2c 3c 4f 6b 7i

NE Dept Hlth Nutrition Div
Kathleen Taylor MS RD
PO Box 95007
Lincoln NE 68509-5007
2bc 3c 4abc*de* 6bc 7hm

WIC Prog--Open Door Hlth Ctr
Ann Weidenbenner RD
140 S 27th St
Lincoln NE 68510
2d 3c 4abcde* 6bc 7nh

Ctl NE Counc on Alcoholism
Doris Weaver
Sheila Anderson
706 W 1st
Grand Island NE 68801
2d 3c 4abcdef 6ab 7m

La Leche League of NE
Carole Wrede
Area Coord
Rt 1 Box 91
Greeley NE 68842
2c 4ac 4abcde 6d 7obhme

Birthright Pregnancy Care Ctr
Claire S Hupf RN
Dir
421 N Lincoln Ave
Hastings NE 68901
2d 3c 4abc* 6d 7bhmupv

NAPS--Newborn and
Parent Support
Charlene Turner RN MS
421 N Lincoln
Hastings NE 68901
2d 3c 4abc*de 6c 7k

Early Teen Pregnancy Prog
Mary Harrington
Social Worker
Child/Family Svcs of NH
99 Hanover St
Manchester NH 03105
2c 4b 6d 7abhimuv

Prenatal Clinic Bur
Maternal/Child Hlth
Ruth Abad
MPH
NH Div of Pub Hlth
Hazen Dr
Concord NH 03301
2bc 3ab 4b 6b 7bhm

Child Hlth Assurance Prog
Janice Coffery
NH Dept Hlth/Welfare
Hazen Dr
Concord NH 03301
3c 4abc*de* 6d 7kh

Parent-Child Ctrs
Donna Raycraft
CH NH Comm Mental Hlth Svcs
PO Box 2032
Concord NH 03301
2c 3c 4bc 6bc 7kh

Early Intervention Network
State of NH
Susan Curtis
Exec Dir
18 Low Ave
Concord NH 03301
2d 3c 4abcde 6c 7khr

Breastfeeding Counselor
Roxanne Kreyling/Karen Pierson
WIC Program
PO Box 603
Keene NH 03448
2c 3ab 4ad 6abc 7o

WIC Prog--Ammonoosuc Family
Hlth Svcs
Julie Dustin RD
20 Main St
Littleton NH 03561
2c 3ab 4abcd 6d 7nhio

Injury Prev Resource and
Research Ctr
Deborah M Prum
MALS Proj Dir
Dartmouth Med Sc Butler II
Hanover NH 03756
2d 3c 6d 7k

Lebanon Area Hlth Care
Young Mothers Group
Jill Glassmitl
Commerce Bldg
Lebanon NH 03766
2c 3ab 4b 6c 7hkmpu

Newmarket Regional Hlth Ctr
Margery Clark
14 Elm St
Newmarket NH 03857
2bc 3ab 4be 6d 7bhmu

Children & Youth Proj of
Mt Washington Valley
Carroll Bergin RN
Box 904
N Conway NH 03860
2d 3c 4abe 6c 7khmpu

Teenage Expectant Mothers
(T.E.M. Clinic)
Carmel Amodeo RN
March of Dimes
30 Baldwin Ave
Jersey City NJ
2b 3a 4ac* 6bc 7ahkhmu

WIC Prog--Hoboken
Judith Bailey RD
916 Garden St
Hoboken NJ 07030
2c 3c 4abc*e 6bc 7nh

**KEY**

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**Reading level**
2a - Illiterate
2b - 1st-3rd and 4th-6th grades
2c - 7th-9th and 10th grade and above
2d - all levels

**Age(s)**
3a - Teenager
3b - Young adult and older adult
3c - Both

**Ethnic group(s)**
4a - Black
4b - White
4c - Hispanic
4d - Native American
4e - Asian/Pacific Islander
4f - Other

**Language(s)**
Asterisk after ethnic group above indicates use of language other than English

**Stage(s)**
6a - Pre-pregnancy
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6d - All

**Special Problems Addressed**
7a - Adolescent Pregnancy
7b - Comprehensive
7c - Comprehensive program/health department
7d - EFNEP
7e - EPSDT
7f - Midwife programs
7g - Native American
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7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Improved Pregnancy Outcome
Passaic Gen Hosp
Olive C Samuels RN
IPO Proj Dir
350 Blvd
Passaic NJ 07055
2c 3c 4abc*de* 6bc 7ih

WIC Prog--Passaic
Div Hlth Dept Human Res
Elaine Nadel
WIC Coord/Nutritionist
Cty Hall 330 Passaic St
Passaic NJ 07055
2d 3c 4abc*e 6d 7nhm

La Leche League of Newark
Mila Jasey
9 Keasbey Rd
S Orange NJ 07079
2c 3c 4a 6bc 7okhim

UMDNJ/SHRP Nurse-Midwifery
Educ Prog
Elaine Diegmanncny
100 Bergen St
Newark NJ 07103
2d 3ab 4abc*f* 6bc 7fhmu

Parent Child Ctr
Edna Jones
201 Bergen St
Newark NJ 07103
2c 3b 4ac*f 6bc 7kv

St James Hosp Maternity Clinic
Gisela Rodriguez ACSW
155 Jefferson St
Newark NJ 07105
3c 4abc*def 6b 7ihkmv

Elizabeth Gen Med Ctr
Out Patient Clinic
Laurie Westra RN
Assoc Admi Dir Amer Care Svc
925 E Jersey St
Elizabeth NJ 07201
2b 3c 4abc*ef 6d 7b

International Inst of NJ
Nancy Long
880 Bergen Ave
Jersey City NJ 07306
2d 3b 4cef 6d 7bhu

La Leche League of Paterson
Judy Kaplan
344 E 36th St
Paterson NJ 07504
2bc 3c 4abcde 6bc 7okhm

Bergen Cty Dept of Hlth Svcs
Pub Hlth Nursing Div
327 Ridgewood Ave
Paramus NJ 07652-4895
2c 3c 4bce*f 6c 7chmu

Monmouth Cty Chap
American Red Cross
Lois Wood RN Dond HS
830 Broad St
Shrewsbury NJ 07701
2cd 3a 4abc 6d 7ahmu

Teenage Alternate Pregnancy
Prog (TAPP)
Linda Knust
Coord
Monmouth Cty Educ Svcs Comm
17 Broad St
Eatontown NJ 07724
2c 3a 4abc 6bc 7abhjkmuv

Parent Ctr
Mary F Bryant
Monmouth Med Ctr
1501 Maryland 2R, AB 72202
Long Branch NJ 07740
2d 3a 4a 6bc 7a

Monmouth Med Ctr Pollack Clinic
J L Harper MD
200 Pavillon Ave
Long Branch NJ 07740
3c 4abce 6d 7bhmu

Monmouth Med Ctr Prenatal
Clinic Classes
Noel Murgio RN ACCE
3rd Ave
Long Branch NJ 07740
2d 3c 4abce 6bc 7i

Infant/Child Care
and Parenting Courses
Norma Weisman RN BSN
American Red Cross/Camden Cty
312 Cooper St
Camden NJ 08101
2c 3b 4ab 6bc 7kh

Camden Cty Adolescent
Family Life Prog
Ruth W Salmon PhD
Coord
2101 Ferry Ave., 1800 Pavilion
Camden NJ 08104
2a 3ab 4abc 6d 7abhmu

WIC Prog--Camden Cty Div Hlth
Barbara M Keller
WIC Coord/Pub Hlth Nutri
2101 Ferry Ave
Camden NJ 08104
2c 3c 4abc*e* 6bc 7nhm

WIC Prog--Atlantic Cty
Colleen Burke
201 S Shore Rd
Northfield NJ 08225
2b 3c 4abc*de 6bc 7nhmq

WIC Prog--Atlantic Cy
Luis A German
Prog Coord
2304 Pacific Ave
Atlantic Cy NJ 08401
2c 3c 4abc*de 6d 7nh

Family Life Prog
Peggy Jackson
Urban League Metro Trenton
209 Academy St
Trenton NJ 08608
2bc 3ab 4b 6bc 7ahm

WIC Prog--Trenton
Janice Padula MS RD
Pub Hlth Nutritionist
Cty Hall Annex 319 E State St
Trenton NJ 08608
2d 3c 4abc*de 6d 7nh

Henry J Austin Hlth Ctr
NJ Dept Hlth/Human Svcs
Victoria B Burrell
321 N Warren St
Trenton NJ 08618
2d 3c 4abc 6ab 7ihkmu

Div Med Assistance Hlth Svcs
Thomas M Russo
Dir
NJ Dept Human Svcs
CN 712 7 Quakerbridge Plaza
Trenton NJ 08625
2d 3c 4abc*de*f* 6d 7e

NJ Dept of Hlth-Dental Hlth Prog
E Willson Baker DDS/MS
CN 364
Trenton NJ 08625
2c 3b 4abc*de 6b 7q

WIC Prog--NJ St Dept Hlth
Debra M Harlan MS RD
CN 364
Trenton NJ 08625
2d 3c 4abc*def* 6d 7nh

Prepared Childbirth Prog
HJ Austin Hlth Ctr
Jo-Ann Ennis BS RN
Coord Childbirth Ed
750 Brunswick Ave
Trenton NJ 08638
2d 3ab 4ac* 6bc 7ihmu

Adolescent Pregnancy Proj
Mary Dodson RN
Coord
Hunterdon Med Ctr
Flemington NJ 08822
2cd 3ab 4ab 6d 7ahikmu

WIC Prog--Middlesex Cty
Pub Hlth
Lynda C Coville RD
Coord Nutritionist
390 George St 8th Fl
New Brunswick NJ 08901
2c 3c 4abc*def 6bc 7nh

Comp Adolescent
Pregnancy Svcs (CAPS)
Karen Glass MSW
St Peters Med Ctr
254 Easton AVe
New Brunswick NJ 08903
2cd 4abcd 6d 7ahkmtu

WIC Prog--Sandoval Indian Pueblo
Rama Ray
PO Box 580
Bernalillo NM 87004
2c 3c 4d* 6bc 7nhm

Cuba Hlth Ctr
Jean Rounds PA-C
Box 638
Cuba NM 87013
2d 3c 4abc*d* 6d 7lahu

Albuquerque Area Indian Hlth Svc
Judith Kitles MD MPH
US Pub Hlth Svc
500 Gold SW
Albuquerque NM 87101
2c 3c 4d 6d 7ghmu

Indian Childrens Prog
Mary M Mokler
US Pub Hlth Svc
2401 12th St NW
Albuquerque NM 87102
2d 3ab 4d* 6ac 7g

Hlth Promotion Prog
Albuquerque Family Hlth Ctr
Jackie Peterson
Coord
2001 N Centro Familiar Blvd SW
Albuquerque NM 87105
2d 3c 4abc*d 6c 7kp

PHS Indian Hosp
Patricia S Mead RD
US Pub Hlth Svc
801 Vassar Dr NE
Albuquerque NM 87106
2d 3c 4abcd 6d 7gh

Maternal Child Hlth
Navajo Sch Board
Louise Martine MCH
Pinehill Hlth Ctr
Drawer K
Pinehill NM 87321
2c 3c 4d* 6d 7ghm

Santa Fe Svc Unit
Indian Hlth Svc
Carol Johnson
Pub Hlth Nutritionist
US Pub Hlth Svc
1700 Cerrillos Rd
Santa Fe NM 87501
2b 3c 4d 6d 7hm

NM St Dept Ed
William Owen Blair MD
Ed Bldg
Santa Fe NM 87501-2786
2bc 3a 4abcde 6a 7jhmu

Childrens Med Svcs
Marilyn Sakara ACSW
Senior Superv
PO Box 968
Santa Fe NM 87504
3c 4abc*de 6bc 7khr

EPSDT/NM Human Svcs
Med Assistance Prog
Carmen Rodriguez RN
Prog Mgr
PO Box 2348
Santa Fe NM 87504-2348
3ab 6abc*de 7e

La Leche League of NM
Juanita Watt ACC
424 Ridgecrest
Los Alamos NM 87544
2d 3c 4abcde 6bc 7ok

Truchas Clinic
Jessica Doyle PA
Box 7
Truchas NM 87578
2ac 3b 4c* 6bc 7lh

Prepared Childbirth
E NM Med Ctr
Karen Hutchinson
405 W Country Club Rd
Roswell NM 88201
2c 3c 4bc 6b 7i

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7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Hobbs Lovington Hlth Dept
Prenatal Prog
Barbara Slago CNP
NM Hlth Environ Dept
PO Box 2468
Hobbs NM 88240
2a 3c 4abc* 6d 7chiju

Green Cty Alcohol Info
& Referral Ctr
Art O'Connell CCTE
80 Woodland Ave
Cat Skill NV 12414
2c 3c 4ab 6d 7m

WIC Prog--Humboldt Cty
Mary Agnes Boni
501 Bridge St Rm 2
Winnemucca NV 89445
2c 3c 4abc*d 6d 7nhm

Yerington Tribal Hlth Clinic
Kathy Fawcett CHN
171 Campbell Ln
Yerington NV 89447
2c 3ab 4d 6bc 7ghmu

EPSDT/NV Dept Human Resources
Gloria Deyhle RN
NV Medicaid
251 Jeanell Dr
Carson City NV 89710
2d 3c 4abc*def 6ab 7eh

OB/GYN Prenatal Care
USAF Hosp Torrejon
Kerrie Lindberg
Charge Nurse OB/GYN
Box 3249
Apo NY 09283-5370
2c 3b 4abc*de 6d 7ihmu

National Board
YWCA of the U S A
Janet L Sola MD
Prog Cons
726 Broadway
New York NY 10003
2c 3a 4abcde 6ab 7ajhu

Resources for Children with
Special Needs
Karen T Schlesinger
200 Park Ave S Ste 816
New York NY 10003
2d 3c 4abc*def* 6c 7krv

Patient Ed Prog--Maternity
Infant Care Family Plng Prog
Donna OHare MD
Proj Dir
MHRA of NYC, Inc.
225 Broadway
New York NY 10007
2d 3c 4a*f* 6d 7ihmou

Pregnancy Hlth Line
New York Cy Dept Hlth
Vicki Breitbart
Dir
280 Broadway Rm 303
New York NY 10007
2c 3c 4abc 6ac 7c

Maternity Infant Care
Family Planning Projects
Donna OHare MD
Proj Dir
225 Broadway
New York NY 10007
2d 3c 4c*f* 6d 7bhmou

Teen Reach Prog--Maternal
Infant Care Family Plng Prog
Donna OHare
Proj Dir
Med/Hlth Research Assn of NY Cy
225 Broadway
New York NY 10007
2d 3a 4ac*f* 6a 7aij

Teen Linkage Prog--Maternal
Infant Care Family Plng Prog
Donna OHare
Proj Dir
Med/Hlth Research Assn of NY Cy
225 Broadway
New York NY 10007
2d 3c 4ac*f* 6d 7ahiv

Askable Parents Prog--Maternal
Infant Care Family Plng Proj
Donna OHare
Proj Dir
Med/Hlth Research Assn of NY Cy
225 Broadway
New York NY 10007
2d 3c 4ac*f* 6d 7ahmou

Patient Ed Prog--Maternity
Infant Care Family Plng Prog
Donna OHare
Proj Dir
Med/Hlth Research Assn of NY Cy
225 Broadway
New York NY 10007
2d 3c 4ac*f 6d 7bhijmu

Preterm Birth Prevention Prog
Maternity/Infant Care Family Pln
Donna OHare MD
Proj Dir
MHRA of NYC Inc
225 Broadway
New York NY 10007
2D 3AC 4c*f* 6d 7bhmou

Maternity Infant Care
Family Planning Proj
Donna O'Hare MD
Proj Dir
MHRA of NYC Inc
225 Broadway
New York NY 10007
2d 3c 4a*F* 6d 7bhmou

Comm Family Planning Counc
Suzanne Hanchett
184 5th Ave
New York NY 10010
3c 4abc*de*f* 6ab 7ihu

Tools for Teen Programs
Edith A MacLach La V
120 W 14th St
New York NY 10011
2bc 3ab 4abc* 6d 7ahpu

Chinatown Hlth Clinic
Sue Lee Rn
89 Baxter St
New York NY 10013
2d 3c 4abcde* 6d 7bhu

Mayoral Initiative to Reduce
Infant Mortality
Barbara Crook
Bur Pub Hlth Educ
125 Worth St
New York NY 10013
2d 3c 4abc*def* 6d 7iahkmu

Prev Svcs for Deaf Youth &
Families/NY Foundling Hosp
Vicki Baum
Dir
1175 3rd Ave
New York NY 10014
2b 3c 4ac*ef* 6d 7kv

St Lukes--Roosevelt Hosp
Lynn Perton RD
Chief Nutritionist/Pediatrics
430 W 59th St
New York NY 10019
2c 3ab 4abc* 6d 7o

National Urban League Affiliate
Devel of Adol Preg/Parent Prog
Deborah Taylor
500 E 62nd St
New York NY 10021
3a 4a 6d 7a

Richard Smith Dept Parent Ed
NY Foundling Hosp
Judith Elkin CSW
1175 3rd Ave
New York NY 10021
2d 3ab 4abc* 6c 7k

Child Abuse Rehab Prog
NY Foundling Hosp
Vincent J Fontana
1175 3rd Ave
New York NY 10021
2d 3c 4abc*e 6bc 7kp

Operation Baby Track
American Red Cross
Diane L Austin
150 Amsterdam Ave
New York NY 10023
3c 4abc*def* 6bc 7k

Comm Sch for Pregnant
Girls - (PS 911)
Isabelle Gross
Louise Wise Svcs
12 E 94 St
New York NY 10128
2d 3a 4abc*de 4amh

Louise Wise Svcs Residence
for Mothers and Babies
S. Rogers
Exec Dir
Louise Wise Svcs
12 E 94 St
New York NY 10128
2cd 3ab 4abc*de 6u 7ahkmu

Staten Island Hosp
Pre-Natal Clinic
Ann Boresky
Nurse Mgr
475 Seaview Ave
S I NY 10305
2c 3ab 4abc 6bc 7ihmu

The Hub--A Ctr for Change
Yolanda E Smith
349 E 149th St
Bronx NY 10451
2c 3a 4ac 5ab* 6d 7abhmuv

Segundo Ruiz Belvis Neighborhood
Family Care Ctr
David Stevens MD
NYCHHC
545 E 142nd St
Bronx NY 10454
2d 3c 4abc*e 6d 7bhmtu

S Bronx Mental Hlth Counc
Constance Karros
Assoc Exec Dir
781 East 142nd St
Bronx NY 10454
2bc 3c 4abc* 6d 7ihmuv

NY Foundling Hosp
-Family Day Care
Sr Sheila Finucane
Admin Superv
391 E 149th St Rm 319
Bronx NY 10455
2c 3c 4abc* 6d 7kh

Dr Martin Luther King Jr
Hlth Ctr
3674 3rd Ave
Bronx NY 10456
2d 3c 4ac* 6d 7bhmu

Montefiore Family Hlth Ctr Low
Birthweight Prevention Proj
Juan Rivas MD
Proj Dir
360 E 193rd St
Bronx NY 10458
3c 4abc*e 6b 7ihmtu

SPRANS-Breastfeeding Proj
Albert Einstein Coll Med
1300 Morris Park Ave Rm 11N13
Bronx NY 10461
2d 3c 4abc* 6d 7ok

WIC Prog
Kathleen Carpenter
WIC Coord
Comp Family Care Ctr
1175 Morris Park Ave
Bronx NY 10461
2c 3c 4abce* 6d 7nhm

Dept Hlth
S Bronx Dist
Elizabeth Wynn
Superv PHN
1309 Fulton Ave
Bronx NY 10466
2c 3c 4abc*f* 6c 7khu

Mount Vernon Neighborhood
Hlth Ctr
Annette Rose
Westchester Cty
107 W 4th St
Mount Vernon NY 10550
2ac 3c 4abc* 6d 7bhmtu

Greenburg Neighborhood
Hlth Ctr
Carolyn B George
330 Tarrytown Rd
White Plains NY 10607
2d 3c 4abc*e 6d 7chmu

Kaiser Found Hlth Plan of
the Northeast
Beth Wills
145 Westchester Ave
White Plains NY 10703
2c 3c 4abcdef 6d 7bhm

WIC Prog
New Rochelle Hosp Med Ctr
Dorothy Rosner
Nutritionist
16 Guion Pl
New Rochelle NY 10801
2d 3c 4abc*ef* 6bc 7nh

WIC Prog--Orange Cty Hlth Dept
Nancy Neyerlin RD
10 Courtland St
Middletown NY 10940
2d 3c 4abc*de 6d 7nhikm

Proj Turning Point
Margarita Rivera
135 Convent Rd
Nanuel NY 10954
2bc 3a 4abc*de 6ab 7av

St Anthony Comm Hosp
Diane L DeFreest RN HN
OB/GYN
15 Maple Ave
Warwick NY 10990
2c 3ab 4b 6d 7h

Special Obstetrical Teenage
Clinic
Margaret Charvis CNM
Kings Cty Hosp Ctr
451 Clarkson Ave Rm C7226
Brooklyn NY 11203
2bc 3a 6d 7ahjku

Adolescent OB-Gyn Clinic
Sol Neuhoff MD
Brookdale Hosp Med Ctr
Linden Blvd At Brookdale Plaza
Brooklyn NY 11212
2d 3a 4abc*def 6abc 7ahu

Brownsville Mult Svc Family
Hlth Ctr
Joseph Francois
Exec Dir
444 Hopkinson Ave
Brooklyn NY 11212
2c 3b 4ac* 6d 7bhu

Teen Proj
Dorothy Kelly
Social Worker
South Brooklyn Clinic
Box 503 Times Plaza Stn
Brooklyn NY 11217
2c 3ab 4ac* 6a 7ahju

Sunset Family Hlth Ctr
Monica Burns
Lutheran Med Ctr
150 55th St Rm 20638
Brooklyn NY 11220
2d 3c 4abc*def 6d 7bhmtu

Coney Island Comm Hlth Ctr
Mary Jo Kennedy MD
Med Dir
2201 Neptune Ave
Brooklyn NY 11224
2c 3c 4abc 6d 7bhm

Child Care
Beatrice Baumann
PS 721 Queens OTC
41-15 104 St
Corona NY 11368
2b 3ab 4abce 6d 7bhjmpu

Teen Pregnancy & Prevention
Prog
Madeline Welch
Coord
Jamaica Hosp
89 Ave & Van Wyck Expy
Jamaica NY 11418
2a 3ab 4abc* 6d 7ahmu

Adolescent Pregnancy Prevention
Prog
Regina Little
82-68 164th St
Jamaica NY 11432
2bcd 3a 4abce 6d 7ahuv

Maternal Infant Care/Family Prog
Margaret Naylor CNM MPH ACCE
Jamaica Mic Clinic
90-37 Parsons Blvd
Jamaica NY 11432
2d 3c 4abc*ef* 6d 7fhmu

Child Abuse Prevention Svcs CAPS
Alane Fagin
Exec Dir
Jr League Nat Counc Jewish Women
PO Box 176
Roslyn NY 11576
2c 3ab 4abc 6d 7kp

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7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

PRYME Comm Hlth Ctr
Family Planning Prog
G. Dyson RN
Family Planning Coord
Rockaway Hlth Ctr
67 10 Rockaway Beach Blvd
Arverne NY 11692
2c 4ac 6abc*df* 6ab 7jhu

Carol Molfetta RD & Assoc
Consulting Nutritionist
52 Clay Pitts Rd
Greenlawn NY 11740
3b 4abc 7h

March of Dimes/Long Island Chap
Joan Hoyt Kornblum
March of Dimes Birth Dfct Found
424 Crossways Park Dr
Woodbury NY 11797
2bc 3c 4abc*def 6d 7ihkmr

Hlth Promotion & Education
K Cohen
Capital Area Comm Hlth Plan
1201 Troy Schenectady
Latham NY 12110-1176
2d 3c 4abe 6d 7b

Teenage Mothers Prog
Kimberly M Davis
Sch 20
570 N Pearl St
Albany NY 12204
2abc 3a 4a 6bc 7ahuv

Whitney M Young Jr
Hlth Ctr
Sharon Bisner RN FNP
Clinical Coord
Lark & Arbor Dr
Albany NY 12207
2c 3c 4abcdef 6d 7bhikmu

WIC Prog--Albany Med Coll
Sharon L Stein
Coord
CD PC Unit B New Scotland Ave
Albany NY 12208
2d 3c 4abc*e 6bc 7nhmo

Primary & Preventive Care
for Children 0-5
Charles W White
NY Dept Hlth/Bur Child
Corhing Tower Rm 859
Albany NY 12237
3a 4abc 6c 7k

Child Restraint Loaner Proj for
Low-Income Families
Leslie Fisher MPH
NY DMV Child Hlth Bur
Empire State Plaza
Albany NY 12237
2b 3c 4abc*de* 6d 7k

Planned Parenthood of
Dutchess-Ulster
Pat Ullmann
Family Planning & Comm Educ
101 Hurley Ave Ste #3
Kingston NY 12401
2d 3c 4abc* 6d 7jhmu

While Waiting
Hudson Valley Assoc Obstetrics
91 Montgomery St
Rhinebeck NY 12572
2c 3c 4abc*f* 6bc 7ih

E Dutchess Maternity Clinic
Prenatal Care/Nutrition Prog
John Scott MD
Comm of Hlth
Dutchess Cty Hlth Dept
22 Market St
Poughkeepsie NY 12601
2d 3c 4abcde 6b 7ih

Planned Parenthood
202 Broadway
Monticello NY 12701
2d 3c 4abc* 6ac 7jhmu

Mercy Comm Hosp
Sr Marie James RN
160 E Main St
Port Jervis NY 12771
2c 3b 4b 6bc 7bh

Hudson Headwaters Hlth Network
Shirley Anderson
Box 137
N Creek NY 12853
2c 3ab 4b 6ab 7ih

Adolescent Pregnancy
Prevention and Services
Becky Linnahan
Dir
66 Brenkerhoff St
Plattsburgh NY 12901
2ab 3ab 4ab 6d 7ahjuv

Clinton Cty Dept of Hlth
John V Andrus
Dir of Pub Hlth
30 Durkee St
Plattsburgh NY 12901
2d 3c 4ab 6d 7chmuv

Hlth Svcs Assn Chestnut
Ridge Hlth Svcs Ctr
Mary Wilkinson RN
Childbirth Ed Coord
8280 Willett Pkwy
Baldwinsville NY 13027
2c 3c 4abc 6bc 7ihm

Cortland Cty Rural Hlth Svcs
Debra A Farenga RN
Hlth Ed
Box B Rt 13
Deruyter NY 13052-0502
2c 3ab 4b 6d 7ihkmu

March of Dimes
Angela R Vigliotti
Exec Dir
702 W Belden Ave
Syracusse NY 13204
2d 3c 4abc*def 6ab 7ihmu

Prenatal Care & Nutrition Prog
Prevention of Low Birth Weight
Richard H Aubry MD
Onondaga Cty Hlth Dept
750 E Adams St
Syracuse NY 13210
2d 3c 4abc*d 6ab 7ihmtuv

Motherdance
Barbara Holstein
227 Scottholm Terrace
Syracuse NY 13224

WIC Prog--Herkimer
Barbara Nowacki RN
Clinic Dir
270 N Main St
Herkimer NY 13350
2c 3c 4ab 6bc 7nhm

North Country Childrens Clinic
Rita Markham
Outer Stowe St
Lowville NY 13367
2d 3c 4b 6bc 7hm

WIC Prog--Madison Cty
Shirley Felt
191 S Main St
Oneida NY 13421
2c 3b 4b 6d 7nh

Cooperative Extension of
Oneida Cty
Linda Bohac
US Dept Agriculture
RD #1 Second St Box 126
Oriskany NY 13424
2bc 3c 4abc* 6d 7dh

Planned Parenthood/Mohawk Valley
Kathleen VanVecaten NP
Clinic Dir
607 N Washington St
Rome NY 13440
2c 3ab 4abe 6ac 7jhu

WIC Prog--PPAMV
Herkimer & Madison Cty
Melanie Cook
1424 Genesea SE
Utica NY 13502
2bc 3ab 4b 6bc 7nhm

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4f - Other

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7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

North Jefferson Hlth Sys
Mary Lewis Bowman
21 Fuller St
Alexandria Bay NY 13607
2bc 3c 4b 6bc 7ihm

WIC Prog--St Regis Mohawk Hlth Svcs
Wendy Wolfe
Coord
Comm Bldg
Hogansburg NY 13655
2bc 3c 4d 6bc 7nhm

WIC Prog--Delaware Opportunities
Christine Jones
WIC Coord/Nutritionist
119 Main St
Delhi NY 13753
2d 3c 4abcd 6d 7nhmt

SEARCH/Svcs to Enable Adol to Rear Children in Hlth
Charlotte Lawrence-Nichols RN
Wilson Hosp
33-57 Harrison St
Johnson City NY 13790
2bc 3ab 4ab 6bcd 7ak

Childbirth & Parenting Educ
E Whitaker RNC
United Hlth Svcs
Box 540 Wilson Ctr
Johnson Cy NY 13790
2d 3c 4abc*de 6d 7bhmtu

PACE
Allentown Comm Ctr (ACC)
Sabina Zolte
ACC & Parents Anonymous
111 Elmwood Ave
Buffalo NY 14201
2c 3c 4ab 6d 7k

Hlthy Mothers Healthy Babies Coalition of Erie Cty
Ronald L Downey
95 Franklin St
Buffalo NY 14202
2d 3c 4abc*def 6d 7bhmu

Jesse Nash Hlth Ctr
Constance B. Sparks
Erie Cty Dept Hlth
608 William St
Buffalo NY 14206
3a 4abc 6d 7ahu

Maternity Infant Care Prog
Terri Guzinski
Erie Cty Dept Hlth
95 Franklin St
Buffalo NY 14206
2d 3c 4abc*def 6bc 7chkmu

Geneva B Scruggs Comm Hlth Care Ctr
Lillian J Davis
Exec Dir
567 Kensington Ave
Buffalo NY 14215
2c 3c 4abc* 6d 7bhmu

Special Delivery Kenmore Mem Hosp OB Dept
Jacqueline Kelsey RN
2950 Elmwood Ave
Kenmore NY 14217
2c 3c 4abcdef 6d 7ihmu

Intensive Care Nursery Family Svc Prog
William A Zorn MD
219 Bryant St
Buffalo NY 14222
2d 3c 4abcdef 6c 7kmv

Rochester Adolescent Maternity Proj (RAMP)
Mary Sprik
Coord
Strong Memorial Hosp
Box 690/601 Elmwood Ave
Rochester NY 14526
2c 3a 4abcd 6b 7ahiu

WIC Prog--Anthony L Jordan Hlth Ctr
Rose Donnelly RD
WIC Nutritionist/Acting Coord
PO Box 876
Rochester NY 14603
2b 3c 4abc*e 6d 7nhm

Adolescent Prenatal Svcs Prog
Marylane Manan
Planned Parenthood Roch Cty
24 Windsor St
Rochester NY 14605
2c 3a 4abc 6bc 7ahijmu

Journey to Self--The Road to Self-Success
Virginia A Flaherty
50 Prince St
Rochester NY 14607
2b 3a 4abc 6d 7ahv

Opportunities for Pregnant & Parenting Teens
Dorothy A Gordon
150 Floverton
Rocherster NY 14610
2c 3ab 4abc 6d 7ahkmuv

Adolescent Pregnancy Prevention Prog
Marion Weber
Monroe Cty Hlth Dept
111 Westfall Rd Caller 632
Rochester NY 14692
2b 3a 4abc 6bc 7aik

Chautaugua Cty Hlth Dept
Prenatal Clinic
Judy Rafson RN BSN CFMP
311 Cherry St
Jamestown NY 14701
2bc 3c 4abc* 6bc 7ih

Basics of Breastfeeding
EFNEP Breastfeeding Educ Prog NY
Christine M Olson
Cornell Univ Div Nutri Sci
Cornell Univ 376 MVR Hall
Ithaca NY 14853
2b 3c 4abc*def 6bc 7dho

EFNEP--Cornell Unic Coop Ext Svc
Div Nutritional Sciences
Muriel Brink
US Dept Agric
283B MVR Hall Cornell Univ
Ithaca NY 14853
2ab 3c 4abc*de 6d 7dh

Teen Age Parent Prog (TAPP)
James Hallcy
Elmira Cy Sch Dist Coop Svcs
Elmira NY 14901
2c 3a 4abc 6d 7ahm

Car Seat Ed/Loan Prog
American Red Cross/Chemung Cty
Linda Swift
Prog Coord
462 W Church St
Elmira NY 14901
2d 3c 4ab 6c 7k

Prenatal Clinic/Planned Parenthood Southern Tier
Elizabeth Howell
Exec Dir
200 E Market St
Elmira NY 14903
3c 4ab 6ab 7ih

Child Family Hlth Services
Nancy Shapiro
Delaware Cy-Cty Hlth Dept
115 N Sandusky St
Delaware OH 43015
2d 3ab 4abc

Knox Cty Hlth Dept
Perinatal Prog
Denise Campbell
117 E High St
Mt Vernon OH 43050
2b 3c 4ab 6bc 7chmu

Newark Cy Hlth Dept
Robert B Greiner DVM
40 W Main St
Newark OH 43055
2d 3c 4abc*def 6c 7chku

Licking Cty WIC Prog and Prenatal Ed Prog
Linda Scovern RD MPH
675 Price Rd NE
Newark OH 43055
3c 4abce 6bc 7nhm

Franklin Cty Children Svcs
Patricia Matheny
1951 Gantz Rd
Grove City OH 43123
2d 3c 4abc*e 6d 7bhm

Logan-Hocking Cty Hlth Dept
Anna C Gerkeny RD
SR 664
Logan OH 43138
2d 3c 4abc*def 6bcd 7achmuv

WIC Prog--Madison Cty
Barbara Amling
61 E High St
London OH 43140
2c 3ab 4ab 6c 7nhm

Child Family Hlth Svcs
Judy King
421 Main St
Zaneville OH 43201
2d 3c 4abe 6d 7chktu

Mildred J Roush
RD
2889
Columbus OH 43202
2b 3c 4abc 6c 7h

Preparation for Parenthood
Dawn McClaine RN
Assist Dir Nursing/Hlth Svc
American Red Cross Columbus Chap
995 E Broad St
Columbus OH 43205
2c 3c 4abc 6bc 7ih

Comm Pediatric--Adolescent Svcs
Childrens Hosp
700 Childrens Dr
Columbus OH 43205
2d f3ab 4abcdef* 6c 7khp

KISS--Kiss In Safe Seats
OH Dept Hwy Safety
Jill Berington
PO Box 7167
Columbus OH 43205
2ab 3c 4abcdef 6c 7k

OH St Univ Hosp OB/GYN Clinic
Cheryl Melley
Mgr OB/GYN Clinic
Area 2C
456 Clinic Dr
Columbus OH 43210
2c 3a 4ab 6ab 7ihmu

OSU Pediatric Practice
Univ Hosp Clinic
Lindsey K Grossman MD
456 Clinic Dr Rm 2100
Columbus OH 43210
2d 3c 4abe 6c 7k

EFNEP--OH St Univ Coop Ext Svc
Maternal Nutrition Calendar
Alma M Saddam
Ext Spec--Nutrition
US Dept Agric
1787 Neil Ave
Columbus OH 43210
2b 3c 4abce 6ab 7dhm

Columbus Hlth Dept
Perinatal Proj
Elaine Swank RN
181 S Washington Blvd
Columbus OH 43215
2ab 3c 4abce 6b 7chmu

OH Dept Bur Alcohol
Abuse/Alcoholism Recovery
Frank Underwood
State Prevention Coord
PO Box 118
Columbus OH 43215
2c 3c 4abc 6d 7m

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WIC Prog--Columbus Hlth Dept
Paul Eckstein RD
181 S Washington Blvd
Columbus OH 43215
2d 3c 4abc*e* 6d 7nh

Thanks Mom and Thanks Mom for
Not Drinking
Alcohol During Pregnancy
Virginia H Jones MD
OH Dept Maternal/Child Hlth
PO Box 118
Columbus OH 43216
2c 3abc 4ab 6ab 7im

Crittenton Ctr of Family
Couns & Crittenton Svcs
Judy Sweeney
1229 Sunbury Rd
Columbus OH 43219
2bc 3ab 4ab 6bc 7ah

Two Cty/NCO Child Family
Hlth Svcs
Deborah L Crothers RN
Nurse Coord
98 McKinley Park Dr
Marion OH 43302
2bc 3c 4ab 6d 7chmu

WIC Prog--Logan Cty Hlth
L Jenkins RP
815 S Main
Bellefontaine OH 43311
2c 3c 4abe 6d 7nhmu

WIC Prog--Wyandotte Cty Hlth
Dept
Cindy Kraus RN
127-A S Sandusky Ave
Upper Sandusky OH 43351
2c 3c 4bc 6d 7nho

Sandusky Cty Hlth Dept
Jean M Gayes
1909 Rahert Ave
Fremont OH 43420
2d 3c 4abc*de 6d 7chtu

WIC Prog--Riverside Hosp
Christine Wolf RD
1600 N Superior
Toledo OH 43604
2ac 3c 4abce 6d 7nhm

Ctr for Women/Children
Preparation for Parenthood
Monica Taylor
Toledo Hosp
3020 Marvin Ave
Toledo OH 43606
2c 3c 4abc*de* 6d 7bko

Counseling for Problem
Pregnancies Lutheran Soc Svc
Nancy Yunker
2149 Collingwood Blvd
Toledo OH 43620
2bc 3c 4abcdef 6d 7ihm

Barnesville Hlth Svcs Assn
Linda Phillips
Outreach Worker
Hosp Dr
Barnesville OH 43713
2c 3ab 4b 6d 7lh

Guernsey Cty Hlth Dept
Mary Sorg LPN
326 Highland Ave
Cambridge OH 43725
2bc 3c 4ab 6d 7ihmu

WIC Prog--Coshocton Cty
Hlth Dept
Barbara Caldwell
Dir
724 S 7th St
Coshocton OH 43812
2c 3b 4ab 6d 7nhm

WIC Prog--Belmont Cty
Bellaire Clinic
3000 Guernsey St
Bellaire OH 43906
2d 3c 4abef 6bc 7nhkmu

WIC Prog--Harrison Comm Hosp
Harrison Cty
Barbara Poole RN
951 E Market St
Cadiz OH 43907
2d 3c 4abe 6bc 7nhm

Ohio Valley Hosp Lamaze Classes
Debbie Linn RN
380 Summit Ave
Steubenville OH 43952
2c 3c 4ab 6bc 7ihm

Elyria Memorial Hosp
Beatrice Plas RN
630 E River St E
Elyria OH 44035
2c 3c 4abcde 6d 7bhmuv

Elyria Cy Hlth Dept
Prenatal Clinic
Betty Thome RN
Clinic Mgr
202 Chestnut St
Elyria OH 44035
2c 3ab 4abc* 6bc 7chu

Parenting--Birth to Six
American Red Cross/Lorain Cty
2929 W River Rd
Elyria OH 44035
2d 3b 4abc 6bc 7kh

Preschool Parenting Prog
Sandra Gentry
Child Develop Clement Ctr
2500 E 79th St
Cleveland OH 44104
2c 3b 4ab 6d 7khmuv

Families and Infants Together
(FIT)
Sharon K Yarnell ACSW
Case Western Reserve Unit
Cleveland OH 44106
2b 3ab 4abcd 6d 7abhkmu

Hlthy Mothers/Healthy Infants
Molly Brudnick
ACSW Cleveland Hlth Dept
1925 St Clair
Cleveland OH 44114
2d 3c 4ab 6d 7chmu

Prepartion for Parenting &
Parenting
Carolyn A Randle
American Red Cross/Cleveland
1227 Prospect Ave
Cleveland OH 44115
2c 3ab 4a 6d 7iihmu

Continue Life Counseling Ctr
Dianne Amon
25100 Euclid Ave Rm 101
Euclid OH 44117
3ab 4b 6ab 7ihm

Barberton Hlth Dept
Lena H Knight
Cy of Barberton
571 W Tuscarawas
Barberton OH 44203
2d 3c 4abce 6bc 7chikmu

WIC Prog--Summit Cty Hlth Dept
1100 Graham Cir
Cuyahoga Falls OH 44224
2bc 3c 4abcde 6d 7nh

WIC Prog--Portage Columbiana Cty
Carol Zeltner
449 S Meridian
Ravenna OH 44266
2d 3c 4abce 6d 7nh

Summit Cty Child & Family
Hlth Svcs
Mary Pannel
225 W Exchange St Rm 17
Akron OH 44302
2b 3c 4ab 6b 7chm

Teenage Parents Ctr
Judy Joyce
Family Svcs of Summit Cty
212 E Exchange St
Akron OH 44304
2c 3a 4ab 6bc 7abhkmuv

Trumbull Cty Child & Family
Hlth Svcs Clinic
Beverly Lannon RN
2577 Schenley Ave
Warren OH 44483
2c 3ab 4abc 6d 7ch

Preparation for Parenthood
Parenting, Age 1-6 Years
Mahoning Cty American Red Cross
266 W Wood St
Youngstown OH 44502
2b 3ab 4ab 6d 7kh

Youngstown Hlth Dept
Martha Taylor RN MPH
26 S Phelps Cy Hall
Youngstown OH 44503
2c 3c 4abc 6c 7kh

WIC Prog--Mahoning Cty
Darlene Stone
312 N Walnut
Youngstown OH 44505
2d 3c 4abc*ef 6bc 7nhm

Planned Parenthood/Mahoning
Valley Panel of Parents
Lindy Kirk RN BSN MS Ed NCC
77 E Midlothian Blvd
Youngtown OH 44507
2d 3ab 4ab 6d 7jhkmu

A-TEAM--Awareness Through
Educ in Adolescent Maternity
Trisha Merchant
Teen Dir
Massillon YM-YWCA
131 Tremont SE
Massillon OH 44646
3a 4ab 6bc 7ah

Holmes Cty Hlth Dept
Carole Burkey
2 Hospital Dr
Millersburg OH 44654
2c 3ab 4b 6d 7chu

Planned Parenthood/Wayne Cty
Cindy J Biggs
26805 Cleveland Rd
Wooster OH 44691
2bc 3c 4abf 6ab 7jhu

Mother/Child Hlth Clinic
Comm Action/Wayne-Medina
Carol Butira-Dulton
2461 Bauman Dr
Wooster OH 44691
2d 3c 4abcdef 6d 7bh

WIC Prog--Ashland Cty
Patricia Beverage
801 Orange St
Ashland OH 44805
2bc 3c 4abc*e* 6d 7nhm

WIC Consortium--Crawford Cty
Linda Laipply
Dir
112 E Mansfield St
Bucyrus OH 44820
2d 3c 4abcde 6bc 7nhm

WIC Prog--Huron Cty Dept Hlth
Iris Cozzie
180 Milan Ave
Norwalk OH 44857
2bc 3ab 4abc*e 6bc 7nh

WIC Prog--Seneca Cty Hlth Dept
Jeanne Becker RN
3100 S St Rt 100
Tiffin OH 44883
2d 3c 4abc 6b 7nh

WIC Prog--Richland Cty
Tina Pigman RD
600 W 3rd St
Mansfield OH 44903
2c 3c 4abc*e 6bc 7nhm

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WIC Prog--Clermont Cty
2209 Baver Rd
Botavia OH 45103
2d 3c 4abc*d 6d 7nhm

Child & Family Hlth Svcs CFHS
Hamilton Cty Network
Brenda Coleman
Hlth Svcs Dir
Lincoln Heights Hlth Ctr
1171 Adams St
Lincoln HeightsOH 45215
2d 3c 4abd 6d 7bhmu

WIC--Northside Hlth Ctr
Cincinnati Hlth Dept
B Roley
Nutrition Asst
3917 Spring Grove Ave
Cincinnati OH 45223
2d 3c 4abc* 6d 7nhm

Adolescent Obstetrical Svcs
Janina Smoke CNM
Univ Hosp of Cincinnati
2236 Westwood NTN Blvd #B19
Cincinnati OH 45225
2c 3a 4ab 6bc 7aih

Child & Family Hlth Svcs
Dr. John Ryan
Cincinnati Hlth Dept
3101 Burnet Ave
Cincinnati OH 45229
2cd 3a 4ab 6bc 7a

Hlth Ed/Hlth Promotion Proj
Smoking & Alcohol Pregnancy Cln
Cynthia Blocksom
Cincinnati Hlth Dept
3101 Burnet Ave
Cincinnati OH 45229
2d 3c 4abcde 6b 7m

Hlth Ed/Hlth Promotion Proj
- Child Safety Seat Prog
Cynthia Blocksom
Cincinnati Hlth Dept
3101 Burnet Ave
Cincinnati OH 45229
3c 4d 6bc 7k

WIC Prog--Hamilton Cty
Jeanne Arnold RD
3101 Burnet Ave
Cincinnati OH 45229
2c 3ab 4abe* 6bc 7nhm

Winton Hills Med Ctr
Marilyn Osborne
5275 Winneste Ave
Cincinnati OH 45232
2c 3ab 4ab 6ab 7bahu

WIC Prog--Preble Cty
Theresa Williams RD
119 S Barron St
Eaton OH 45320
2c 3c 4abe 6d 7nh

Darke Cty Hlth Dept
C Fourman RN
OH Dept Hlth
111 Delaware
Greenville OH 45331
2c 3c 4abc* 6d 7chkmu

WIC Prog--Mercer Cty
Jean Young
Family Hlth Svcs
PO Box 747
Greenville OH 45331
2c 3c 4abc*e 6d 7nh

WIC Prog--Miami Cty
Theresa Taylor
633 N Wayne St
Piqua OH 45356
2bc 3c 4abc 6d 7nh

Troy-Miami Cty Perinatal Clinic
Charles Oxley MD
Hlth Comm/Clinic Dir
PO Box 677
Troy OH 45373
2d 3c 4abcdef 6d 7c

Good Samaritan Hosp Hlth Ctr
Prenatal Clinic
Lamerial Daniels
Dir Ambulatory Svcs
2222 Philadelphia Dr
Dayton OH 45406
2c 3c 4abc* 6bc 7ihm

EFNEP/OH Prog
Expanded Food/Nutrition Ed Prog
Emily W Brown
Coop Ext Svc OH
OH St Univ 1001 S Main St
Dayton OH 45409
2c 3c 4abce 6d 7dh

Combined Hlth Dist Montgomery Cty WIC
Annie McDonald
451 W 3rd St
Dayton OH 45422
2c 3c 4ab 6d 7nh

Clarkton Cty Hlth Dept
Judy Andrews RN
301 S Fountain Ave
Springfield OH 45506
2d 3c 4abcde 6d 7cku

WIC Prog--CAO of Scioto Cty OH
Tammy Murray
817 2nd St
Portsmouth OH 45662
2d 3c 4ab 6d 7nh

Pike Cty Comm Action Family Hlth Ctr
Rita Roberts RN CPNP
215 W North St
Weaverly OH 45690
2bc 3c 4ab 6d 7lhkmu

WIC Prog--Jackson Cty
Rebecca Arers
PO Box 71
Wellston OH 45692
2d 3c 4abce 6d 7nhm

Adams Cty Prenatal Prog
Andrew Filak MD
Med Dir SOHSN
9137 S R 136
West Union OH 45693
2d 3c 4b 6bc 7ih

WIC Prog--Washington/Morgan Cty
Sharon Frye RD
696 Wayne St
Marietta OH 45750
2d 3c 4ab 6d 7nhm

Allen Cty Hlth Dept
Barbara A Beaver
PO Box 1503
Lima OH 45802
2d 3c 4abc*e 6d 7chmou

WIC Prog--Hancock Cty
1000 W Main Cross
Findlay OH 45840
2d 3c 4abcde 6d 7nh

WIC Prog--Paulding Cty
Teresita S Sebastian
101 W Perry St
Paulding OH 45879
2d 3c 4abc 6d 7nh

Auglaize Cty Family Plng
Nancy Stienecker RN
Lima Wood St
Wadakoneta OH 45895
2d 3ab 4b 6ab 7jhu

WIC Prog--WCD Enterprises
Marcella G Ruckman
PO Box 247
Anadarko OK 73005
2c 3c 4d 6d 7nhm

Cleveland Cty Hlth Dept
Child Hlth Prog
Bobbie Reilley RNC
641 E Robinson
Norman OK 73071
2d 3c 4abc*def 6c 7kh

Idian Hlth Svcs/Nutrition Br
Ruth Hemberkides LRD MS MPH
US Pub Hlth Svc
215 Dean McGee St NW Rm 409
Oklahoma City OK 73102
2bc 3c 4d 6d 7gh

American Red Cross
OK Cty Chap
Janice Phillips RN
323 NW 10th ST
Oklahoma City OK 73103
2d 3c 4ab 6ab 7ihmu

Adolescent Medicine Clinic
J. Dennis Fortenberry MD
940 NE 13th
Oklahoma City OK 73104
2d 3ab 4abcdef 6ab 7ahu

Infant Ctr Univ OK Hlth
Sarah Herstand
Dir
Svc Ctr & Junior League
815 NE 15
Oklahoma City OK 73104
2c 3c 4abc*de 6c 7k

OK Cy/Cty Hlth Dept Prenatal Clinic
Jewel Buckingham RNC
921 NE 23
Oklahoma Cy OK 73105
2c 3ab 4abc*e* 6bc 7ihu

WIC/Well Baby Clinic
OK Cy-Cty Hlth Dept
Sammy Lou Eagy
PHN III
921 NE 23
Oklahoma Cy OK 73105
2d 3c 4abc*de*f* 6d 7nhijmtu

March of Dimes Birth Defects Found
Darlene Dunn
6051 N Brookline Ste 126
Oklahoma City OK 73112
2d 3c 4abc*de 6d 7bhmru

OKC Urban Indian Clinic
Rhaelynn Bonham RNC
1214 N Hudson
Oklahoma Cy OK 73132
2c 3c 4d 6d 7g

Take Care of Your Baby Right from the Start
Leslea Bennett-Webb
OK Dept Hlth Educ Info Svc
PO Box 53551
Oklahoma City OK 73152
2c 3b 4abcde 6d 7chmo

Rural Infant Care Prog
Univ OK Hlth Sci Ctr--OB/GYN
Judith Morris RN MN
PO Box 26901
Oklahoma City OK 73190
3c 4abcd 6bc 7lht

Maternal Child Hlth Maternity Prog
Cynthia Baker RN
Coord
Ctr Cty Hlth Dept
101 First SW
Ardmore OK 73401
2d 3c 4abc*de*f 6d 7bhmu

Jackson Cty Hlth Dept
Ruthy King RN
201 S Lee
Altus OK 73521
2c 3ab 4abc* 6d 7cahu

Major Cty Hlth Dept
Joye Gunsaulis
PO Box 366
Fairview OK 73737
2c 3c 4bc* 6d 7chmu

WIC Nutrition & Family Plng Prog
Grant Cty
J Camille Mock RN
Coord Nurse
Box 438
Pond Creek OK 73766
2d 3c 4abc*de* 6d 7nhmpt

Indian Hlth Svc
HH Morgan RD
USPH Nutritionist
US Pub Hlth Svc
Claremore OK 74017
2b 3c 4d 6d 7ghmtu

USPHS Indian Hosp
Comm Hlth Nursing
Meribeth Reed CHN
Superv
US Pub Hlth Svc
Claremore OK 74017
2c 3c 4d 6d 7ghmu

Oklahoma St Univ Coop Ext Svc
Elaine Wilson
FRCD
Stillwater OK 74078
2c 3c 4abcde 6ac 7bhm

Hlth Info Svc
Tulsa Cy Cty Lib Sys
Kelly Jennings
400 Civic Ctr
Tulsa OK 74103
3ab 4ab 6bc 7h

Indian Hlth Care Resource Ctr
Pamela E Dron
915 S Cincinnati
Tulsa OK 74119
2d 3ab 4d* 6d 7ghmuv

WIC Prog--Hashell Cty Hlth Dept
Q Qidwell RN
PO Box C
Stegler OK 74462
2c 3ab 4b 6d 7nhmu

WIC Prog--Cherokee Nation of OK
Beth Nichols
Nutrition Coord
PO Box 948
Tahlequah OK 74465
2d 3c 4d* 6bc 7nh

Comm Hlth Nursing
Carl Albert Indian Hlth Fac
Melba Apala RN CHN
Coord
PO Box 1564
Ada OK 74820
2d 3c 4bd* 6d 7ghmu

Okemah Indian Hlth Clinic
Raylene Pein RN PHN
PO Box 429
Okemah OK 74859
2c 3c 4d 6d 7ghmtu

Indian Hlth Ctr
RS Keshishian MS RD LD
PH Nutritionist
US Pub Hlth Svc
PO Box 1475
Wewoka OK 74884
2c 3c 4d 6d 7ghm

WIC Prog--Clatsop Cty Hlth Dept
Barbara Neff
PO Box 206
Astoria OR 97103
2c 3c 4b 6d 7nhm

PRREP
VA Garcia Mem Hlth Ctr
Josie Yemone-birhane
PO Box 302
Cornelius OR 97113
2d 3c 4abc* 6d 7i

Immunization Ed Prog
Berta Delman/Ronnie Meyers
PO Box 70
Portland OR 97207
2bc 3c 4b*f 6c 7k

Salvation Army White Shield Ctr
Capt Sherry Ann Downs
Admin
PO Box 10027
Portland OR 97210
2ac 3ab 4abcde 6d 7ahmpu

Parent Child Svcs
Rosemary Hing
909 NE 52nd Ave
Portland OR 97213
2d 3b 4abcde 6d 7khmu

Hispanic Outreach/American Red Cross--Oregon Trail Chap
Berta Delman
PO Box 70
Portland OR 97213
2d 3c 4c* 6d 7kh

Portland Naturopathic Clinic
Maternity Svcs
Michael Anchorski MD
11231 SE Market St
Portland OR 97216
2d 3c 4abcde 6d 7bhmu

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4c - Hispanic
4d - Native American
4e - Asian/Pacific Islander
4f - Other

**Language(s)**
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6a - Pre-pregnancy
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6d - All

**Special Problems Addressed**
7a - Adolescent Pregnancy
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7e - EPSDT
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7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

EPSDT/OR Dept
Human Resources
HF Shellman
203 Pub Svc Bldg
Salem OR 97310
2d 3c 4abc*def 6d 7e

Hlth Care for Medically Needy
OR Dept Human Resources
Cliff Greenlick
203 Pub Svc Bldg
Salem OR 97310
2d 3c 4abc*def 6d 7c

EFNEP--OR St Univ Ext Svc
Margaret Lewis
US Dept Agric
31 Milam Hall
Corvallis OR 97331
2d 3c 4abc*def* 6d 7dh

Josephine Cty Prenatal Prog
Gaven E Bowman
Nursing Svc Mgr
714 N St
Grant Pass OR 97526
2d 3c 4abcdef 6bc 7chimu

Hlthy Mother Healthy Baby
Family Fair
Charlotte Krall
NEw Kensington Hlth Ctr
1260 Martin Ave
New Kensington PA 15068
2d 3ab 4ab 6d 7b

Adults in Transition
PA St Univ-Kensington
Chele McArdle
3550 7th St Rd
New Kensington PA 15068
2d 3c 4abcde 7khmv

Time Together
Suzanne Riggle RN
701 Chartiers Ave
McKees Rocks PA 15136
2d 3c 4ab 6d 7kv

Tel-A-Teen/Tel-Aid--Hlth Ed Ctr
200 Ross St
Pittsburgh PA 15219
2bc 3ab 4abcdef 6d 7ahmu

WIC Prog--Allegheny Cty Hlth Dept
Dorothy C Kolodner
Chief Nutritionist Svcs
Cty Ofc Bldg Rm 518
Pittsburgh PA 15219
2d 3c 4abde* 6d 7nh

Bench Women's Hlth Network of the Hlth Ed Ctr
Loris Mielball
200 Ross St
Pittsburgh PA 15219
2c 3a 4a 6ab 7ah

Comp Svcs Prog for Unmarried Parents Single Parent Fam
James V Denova ACSW
Dir Prof Svcs
Catholic Charities of Pittsburgh
307 4th Ave Ste 300
Pittsburgh PA 15222
2c 3ab 4ab 6bc 7b

Comp Maternity Svc Proj
Donna M Proctor
Proj Dir
Family Hlth Ctr WPA
625 Stanwix St
Pittsburgh PA 15222
2c 3ab 4ab 6abc 6ihmu

WIC Prog--Family Hlth Counc W PA
Natalie V Guiler MS RD
625 Stanwix St Ste 1201
Pittsburgh PA 15222
2d 3c 4abc*de* 6d 7nhm

WIC Prog--Washington-Greene Comm Action
Maryann Morvetz
WIC Operations Mgr
2198 N Main St
Washington PA 15301
2d 3c 4ab 6d 7nhm

WIC Prog--FCCAA Fayette Cty
Carmelita Clark
48 E Church St
Uniontown PA 15401
2bc 3c 4ab 6d 7hm

Hyndman Area Hlth Ctr
Diane Hofman
PO Box 507
Hyndman PA 15545
3ab 4b 6b 7ih

Cameron Cty Hlth Care Ctr
Stephanie Rindash
PO Box 270
Emporium PA 15834
2bc 3a 4b 6ab 7chu

Affiliate Devel of Adoles Pregnancy/Parent Prog
Deanna M R Yarboro
Couns Consultant
Shenango Valley Urban League
314 Idaho St
Farrell PA 16121
2c 3a 4ab 6d 7ahku

WIC Prog--Armstrong Cty
Karen Virostek
1422 5th Ave
Ford Cy PA 16226
2b 3ab 4ab 6bc 7nhm

Meadville St Hlth Ctr
PA Dept Hlth
Alice E Bowden RN
Pub Hlth Nurse Dir
900 Water St Downtown Mall
Meadville PA 16335
2d 3c 6c 7khm

WIC Prog--Comm Hlth Svcs
Lorie Walls RD
Coord
533 State St
Meadville PA 16335
2d 3ab 4abce 6d 7nhm

Warren St Hlth Ctr
Barbara A White RN
PA Dept Hlth
621 Pennsylvania Ave E
Warren PA 16365
2d 3c 4b 6bc 7chmuv

WIC Prog--Broad Top Area Med Ctr
Nancy Ritchey
Nutritionist
Box 127
Broad Top PA 16621
2bc 3c 4ab 6bc 7nhm

Glendale Med Ctr
Stephanie Rindosh
PO Box 401
Coalport PA 16627
2c 3b 4b 6d 7i

Tri-Ctr Midwifery Svc
Susan Baker CNM
JC Blair Mem Hosp
Huntington PA 16652
2d 3c 4abc 6d 7fhmu

WIC Prog--Mifflin/Juniata
Willa Adams
Nutritionist
3N Dorcas St
Lewistown PA 17044
2bc 3c 4b 6d 7nh

Lourdes House
Catholic Soc Svcs
Cleona G Davenport
1611 Boas St
Harrisburg PA 17103
2bc 3ab 4ab 6bc 7ih

PA Dept Hlth Div Maternal/Child
Hlth Maternity Prog
Christine E Carson
PO Box 90
Harrisburg PA 17108
2d 3c 4abcdef 6b 7cahmuv

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7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Hamilton Home Hlth Agy
Jean Fleming RN
1821 Fulton St PO Box 5098
Harrisburg PA 17110
2c 3ab 4abcde 6bc 7bhu

SE Lancaster Hlth Svcs
Philip Starr
PO Box 598
Lancaster PA 17603
2d 3c 4abc*e 6abc 7bhmu

American Red Cross/Lancaster Cty
Kay M Crawford RN
Dir Nursing/Hlth
430 W Orange St
Lancaster PA 17603
2d 3c 4abc*de 6d 7h

PA Dept Hlth
Noth Central Dis
Hannah K Klein RN C
Dist Nurse Admin
734 W 4th St
Williamsport PA 17701
2b 3ab 4b 6c 7cv

Hlthy Baby Week
Veronic Fogelman
Dir
Ctl PA Lung/Hlth Svc Assn
531 W 4th St
Williamsport PA 17701
2bc 3ab 4b 6ab 7ihm

WIC Prog--Bi-Cty
Ann O Reeves
Coord
625 W Edwin St
Williamsport PA 17701
2d 3c 4abc*de* 6d 7nhm

La Leche League
Pocono Mountain
Rosemary LangKammer
Box 149 RD1
Tobyhanna PA 18466
2d 3c 4abcde*f* 6d 7o

Northeastern Dist PA Dept of
Hlth
Ronald G Masitis
Dist Exec Dir
383 Wyoming Ave
Kingston PA 18704
2d 3c 4abc* 6d 7ch

Adoles Hlth & FAMLEE--Fathers &
Mother Learning by Ed Experi
Ann Duerst RN
Quakertown Comm Hosp
11th & Park Ave
Quakertown PA 18951
2c 3ab 4b 6d 7iahmu

Delaware Cty Home Hlth Svcs
Jacqueline Blundin RN BSN
422 E 22nd St
Chester PA 19013
2d 3c 4abc 6d 7bhmp

Hlth Educ Associates
211 S Easton Rd
Glenside PA 19038
2d 3c 4abc*de 6bc 7ko

Ches Penn Hlth Svcs
1300 W 9th St
Chester PA 19064
2d 3c 4abc* 6c 7kh

CHOICE--Concern for Hlth
Options Info Care & Ed
Maryann Mesure
1501 Cherry St
Philadelphia PA 19102
2b 3c 4ab 6b 7ihm

Parents & Teens Together
Warner B Rodgers
Urban League of Phila
1930 Chestnut St #200
Philadelphia PA 19103
2bc 3a 4abc* 6a 7ajv

Family Ctr
Loretta Finnegan MD
Thomas Jefferson Univ Hosp
111 S 11th St Rm 6105 NH
Philadelphia PA 19107
2bc 3c 4abc* 6d 7bhmu

Maternal/Infant Care Prog
Med Coll of PA
Molly Kellogg MS RD
3300 Hensy Ave
Philadelphia PA 19129
2bc 7ac 4abc 6b 7o

Pediatric Group Svcs
Med Coll PA
Herberta Smith RN PNP
3300 Henry Ave
Philadelphia PA 19129
2c 3c 4abc*e 6c 7k

Cy of Philadelphia Maternity and Infant Care Prog
Lucille N Malim
Admin Div Maternal/Child Hlth
500 S Broad St
Philadelphia PA 19145
2d 3c 4abc*de*f 6d 7bhjuv

WIC Prog--Comm Gen Hosp
L Schneider RN
145 N 6th St
Reading PA 19601
2c 3c 4abc* 6bc 7nh

Baby & Child Care
American Red Cross/Berks Cty
701 Centre Ave
Reading PA 19601
3a 4abc 6c 7kh

Adolescent Pregnancy Prog
Judith Druckenmiller
March of Dimes
412 Penn Ave
W Ridge PA 19609
2bcd 3a 4abc*de 6d 7algkhum

Patillas Rural Hlth Initiative Ctr
Socorro Antura
Comm Couns
Box 697
Patillas PR 00723
2d 3c 4abc* 6bc 7lh

Prenatal Svcs--Dept Hlth Family Hlth Svcs
Nitza Medina
Call Box 70184
San Juan PR 00936
2d 3ab 4c* 6b 7l

BVCAP Hlth Ctr
Joanne Moran
Asst Dir
Blackstone Valley Comm Act Prog
44 Perry St
Central Falls RI 02863
2c 3c 4bc* 6d 7bhkmu

EFNEP--Univ RI Coop Ext Svc
Martha S Patnoad
US Dept Agric
130 Woodward Hall Univ RI
Kingston RI 02881
2d 3c 4abc*de 6d 7dh

Providence Ambulatory Hlth Care Found
Lynn Spector
Assoc Dir OB/GYN
469 Angell St
Providence RI 02906
2d 3c 4abc*de* 6d 7ahmu

Perinatal Outreach Prog
Martha Warburton RN
Women & Infants Hosp
50 Maude St
Providence RI 02908
2d 3c 4abce 6b 7abhimu

New Directions
Mary Dowd Struck
Women & Infants Hosp
50 Maude St
Providence RI 02908
2c3a 4abcde 6abd 7abhmu

WIC Prog--RI Dept Hlth
John L Smith
Chief
Rm 403 Cannon Bldg 75 Davis St
Providence RI 02908
2d 3c 4abc*de*f* 6d 7nhm

WIC Prog--Women & Infants Hosp
Doreen Chin Pratt MS RD
Dir Nutrition Svcs
50 Maude St Amb 506
Providence RI 02908
2d 3ab 4abc*de*f* 6bc 7nh

Branberg Nurse-Midwifery Svc
L L Wood CNM
PO Box 528
Barnberg SC 29003
2d 3c 4ab 6d 7fhmu

Lee Med Practice
Donna E. Humphries LPN
PO Box 508
Bishopville SC 29010
2d 3c 4ab 6d 7bhmu

Comm Prenatal Classes--Clarendon Cty Hlth Dept
Dorothy E McFadden RN
Cty Nursing Superv
SC Dept Hlth/Environ Control
3 Church St
Manning SC 29102
3c 4ab 6bc 7ihmu

Preconceptional Intervention
Proj Lower Savannah II Hlth Dist
Carolyn M Banner
PO Box 940
Orangeburg SC 29115
2c 3c 4ab 6a 7jhmtu

Maternal-Child Prog
Shirley James
PO Box 940
Orangeburg SC 29115
2c 3c 4ab 6bc 7ch

Low Risk Maternity Prog
Hlth Dept
Lula C Davenport RN FP
Maternity Prog Nurse Specialist
Sumter Cty Htlh Dept
PO Box 1628
Sumter SC 29150
2d 3c 4abe 6d 7chmu

Div Maternal Hlth
SC Dept Hlth/Environ Control
Joanne G Frasen
MCH Hlth Ed Cons
2600 Bull St
Columbia SC 29201
2d 3c 4ab 6b 7lhmu

E Midlands Hlth Dist
SC Dept Hlth/Environ Control
Lynda Kettinger
1221 Gregg St
Columbia SC 29201
2c 3c 4ab 6a 7jhmv

Medicaid Eligibility Div
SC Dept Soc Svcs
Donald Graves
Box 1520
Columbia SC 29202-1520
2c 3c 4abc*f* 6d 7ehmu

SC Comm on Alcohol & Drug Abuse
Jim Neal
3700 Forest Dr
Columbia SC 29204
2d 3c 4abd 6ab 7m

Childrens Bureau of SC
1001 Harden St Ste 225
Columbia SC 29205
2d 3c 4abcde 6d 7bhmu

Preparation for Parenthood
Parenting Classes
Beverly Weymouth RN
American Red Cross/SC
Box 5495
Columbia SC 29250
3c 4ab 6c 7b

Appalachia III Hlth Dist
Maternity Prog
Sarah Sease
SC Dept Hlth/Env Control
PO Box 4217
Spartanburg SC 29305-4217
2d 3c 4abe 6ab 7ci

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7l - Rural
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7o - Breastfeeding
7p - Child abuse
7q - Dental Care
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7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

WIC/Nutrition Svcs--Appalachia III Hlth Dist
Elizabeth Wheby
Dist Nutritionist/WIC Coord
PO Box 4217
Spartanburg SC 29305-4217
2d 3c 4abc*e* 6d 7nhm

Trident Hlth Dist Prenatal Ed Classes
Ben Tolomea
Charleston Cty Hlth Dept
334 Calhoun St
Charleston SC 29401-1188
2bc 3ab 4ab 6d 7ihmt

Med Univ of SC
Dept of Family Medicine
Dena Clair RN
Nurse Educ
171 Ashley Ave
Charleston SC 29425
2e 3c 4abe 6d 7bhmv

SC Low Birthweight Prevention Prog Med Univ SC OB/GYN Dept
Henry C Heins MD
171 Ashley Ave
Charleston SC 29425
2d 3c 4ab 6b 7ihmt

McLeod Family Practice
Amanda H Coleburn
555 E Chives St
Florence SC 29501
2b 3a 4ab 6bc 7ahu

Florence Cty Comm Alcohol & Drug Abuse
Donna George
Pub Info & Ed Spec
PO Box 4881
Florence SC 29502
6b 7m

Horry Cty Hlth Dept
3811 Walnut St
Loris SC 29569
2d 3c 4ab 6bc 7chu

Sunbelt Human Advancement Resources (SHARE)
Dorothy B Mims
Dir Comm Svcs Div
PO Box 10204 FS
Greenville SC 29603
2c 3c 4ab 7hk

OB/GYN Clinic
Shirley Moody
Greenville Hosp Sys
701 Grove Rd
Greenville SC 29605
2d 3c 4abcde 6d 7bhmu

Smoking Cessation Prog/Prenatals
Appalachia Pub Hlth Dist
Sara Jo Moore
Dist Hlth Ed
PO Box 1906
Anderson SC 29622
2b 3b 4b 6b 7mi

Oconee Mem Hosp
Patricia Rutledge
Dir Educ
Box 858
Seneca SC 29678
2c 3c 4ab 6c 7kh

Hlthy Mothers/Healthy Babies Coalition
Deedy Smith
SC Dept of Hlth
PO Box 3057 CRS
Rock Hill SC 29730
2c 3a 4abde 6a 7a

Hlth Dept Prenatal Prog
1243 Ebenezer Rd
Rock Hill SC 29731
2d 3c 4abc*de* 6b 7ihmu

Dept Hlth/Environ Control
Lower Svannah Dist I
Barbara B Kemp ACSW
828 Richland Ave
Aiken SC 29801
2d 3c 4ab 6b 7ihj

MEGALS Rural Hlth Assn
Linda B Hudson
PO Box 219
Trenton SC 29847
2c 3b 4ab 6b 7l

Welcome Baby Prog--Child Abuse Prev Assoc
Shirley Sutton
Pres
PO Box 1933
Beaufort SC 29901
2bc 3c 4abce 6c 7kh

WIC Prog--Maternal/Child Hlth
Low Country Hlth Dept
Ann Rickard RD
PO Box 1479
Beaufort SC 29902
2bc 3c 4abc* 6d 7nh

Beaufort-Jasper Comp Hlth Svcs
Roland J. Gardner
Box 357
Ridgeland SC 29936
2c 3c 4abc 6d 7bhu

Lincoln Cty Pub Hlth
Kay Reed-Moen RN
Admin
100 E 5th
Canton SD 57013
2c 3ab 4b 6bc 7o

Smoking & Pregnancy
SD Lung Assn
Kathleen Wiebers
Exec Dir
208 E 13th St
Sioux Falls SD 57102
3ab 4d 6d 7m

Grant Cty Comm Hlth
Joan Frerichs RN
210 E 5th Ave
Milbank SD 57252
2c 3b 4b 6bc 7ch

WIC Prog
Box 67
Howard SD 57349
2c 3ab 4b 6bc 7nh

WIC Prog--Aurora Cty Hlth Nurse
M Swent RNC
Box 502
Plankinton SD 57368
2c 3c 4b 6c 7nhm

Discover Your Child
St Lukes Hosp
Deb Hofer
305 S State
Aberdeen SD 57401
3c 4bd 6c 7k

Comm Hlth Nursing
Marshall Cty Comm Hlth
Box 82
Britton SD 57430
3c 4bd 6d 7h

WIC Prog--Potter Cty Comm Hlth
Claine A Wheeler
200 W Commercial
Gettysburg SD 57442
2c 3c 4bd 6d 7nhm

SD Dental Assoc/SD Dept of Hlth
PO Box 1194
Pierre SD 57501
2d 3c 4abd 6c 7qh

SD Maternal/Child Hlth Prog
Sandra Durick
523 E Capitol
Pierre SD 57501
2c 3ab 4abcde 6c 7kh

Emergency Med Svcs
SD St Hlth Dept
Susan Schuurmans
523 E Capitol
Pierre SD 57501
3a 4abcd 6c 7kav

MCH Prog--SD Dept Hlth
Allen W Krom
523 E Capitol
Pierre SD 57501
2d 3c 4abcd 6d 7ch

WIC Prog--Rosebud Sioux
Roslyn Bolger
Box 99
Rosebud SD 57570
2c 3ab 4d 6d 7nh

WIC Prog--Cheyenne
River Sioux
Cynthia Red Dog
WIC Dir
Box 550
Eagle Butte SD 57625
2c 3c 4bd 6d 7nhmu

WIC Prog--Comm Hlth Nursing
Colleen Miller
Box 82
Faith SD 57626
2c 3c 4b 6d 7nhmu

SD Dept Hlth/Nutrition Svcs
Linda Marchand
725 North LaCrosse
Rapid City SD 57701
2c 3c 4bd 6d 7h

Positive Parent Network
Linda Wells
PO Box 2792
Rapid City SD 57709
2d 3c 4abcd 6bc 7k

WIC Prog
MK Hulit RN
906 N River
Hot Springs SD 57747
2d 3c 4bd 6bc 7nh

Sumner Cty Hlth Dept
Mitzi Wilhite
411 S Water St
Gallatin TN 37066
2d 3c 4ab 6d 7chiku

Warren Cty Infant Follow-Up Prog
Brenda Holland RN
1345 Sparta Hwy
McMinnville TN 37110
2d 3c 4abc 6bc 7kh

Hlthy Children Infant Follow-Up
Shannon Horn RN
Cannon Cty Hlth Dept
Lehman St
Woodbury TN 37190
2d 3c 4ab 6d 7khmu

American Lung Assn/TN
William F Busse
PO Box 399
Nashville TN 37202
2c 3c 4ab 6b 7m

EPSDT Outreach/Metro Hlth Dept
Nashville-Davidson Cty
Stan Romine
311-23rd Ave N
Nashville TN 37203
3c 4abcde 6bc 7ce

Metropolitan Hlth Dept
Prenatal Clinic
Betty Y Garbutt CNM
311 23rd Ave N
Nashville TN 37203
2d 3c 4abe* 6bc 7ihmu

Preparation for Parenthood/
Nashville Area Red Cross
Sara Marquardt
American Red Cross/Nashville
321 22nd Ave
Nashville TN 37203
2ab 3b 4ab 6bc 7bhm

Matthew Walker Hlth Ctr
Bhag S Kanwar
1501 Herman St
Nashville TN 37208
2c 3c 4ab 6d 7lhtu

Maternal & Infant Care Proj
Martha A Burton
Metro Nashville Gen Hosp
72 Hermitage Ave
Nashville TN 37210
2c 3ab 4abe 6bc 7bhk

TN Statewide Prenatal Prog
Pauline S McIntyre RN CN
MCH
100 9th Ave N 3rd Fl
Nashville TN 37219
2d 3c 4abc*def 6bc 7lhmu

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WIC 10th Anniversary Pub
Awareness Campaign
Jane Baxter
WIC Coord
TN Dept Hlth/Environ--Nutrition
100 9th Ave N
Nashville TN 37219
2c 3ab 4abcde 6bc 7nh

TN Dept Hlth/Environ--Dental Div
James O Newman
100 9th Ave N
Nashville TN 37219-5405
2bc 3ab 4abc 6bc 7qh

Hlthy Children Initiative
TN Dept Hlth/Environ
Jan Scanlon
100 9th Ave S
Nashville TN 37219-5405
2b 3ab 4ab 6bc 7k

Maternal Infant Hlth Outreach
Worker Proj/Vanderbilt Univ
Barbara Clinton
Assoc Dir Ctr Hlth Svcs
Sta 17
Nashville TN 37232
2c 3ab 4ab 6d 7lhm

McMimi Cty Prenatal Prog
Melva Green RN
PO Box 665
Athens TN 37303
2d 3c 4abef 6bc 7lhmu

East Side Day Sch
Kathryn Drake
323 High Sr
Chattanooga TN 37403
2c 3a 4ab 6abc 7ahu

Parent Child Ctr
Wanda Judd
US Dept Hlth/Human Svcs
1043 Blackford St
Chattanooga TN 37403
2d 3ab 4a 6c 7kh

WIC Prog--TN
Terri Crider
WIC Dir
921 E 3rd St
Chattanooga TN 37403
2d 3c 4abc*de* 6bc 7nhm

Hlth Promotion/Disease Preven
Dodson Ave Hlth Ctr
1200 Dodson Ave
Chattanooga TN 37406
3ab 4ab 6ab 7ahmot

Southeast Region Nutrition Svcs
Marguerite Moses
Nutrition Dir
TN Dept Hlth Environ
2501 Milne St
Chattanooga TN 37406-3399
2d 3ab 4abc* 6d 7hm

Sullivan Cty Hlth Dept
Ellen Gray RN
PO Box 630
Blountville TN 37617
2d 3c 4ab 6d 7chmu

Laurel Fork-Clear Fork
Hlth Ctrs
Shirley Parker
Exec Dir
General Delivery Hwy 90
Clairfield TN 37715
2d 3c 4abc 6d 7bhm

Union Graingn Primary Care
Connie Klinifilter
Comm Outreach
PO Box 1033
Naynardville TN 37807
2bc 3c 4b 6d 7bhu

TN Dept Pub Hlth--Reproductive
Hlth Svcs
Emma Penson RN
1522 Cherokee Trail
Knoxville TN 37901
2c 3c 4ab 6d 7chmu

American Red Cross/Knox Cty
Nan Coleman RN
Dir Nursing/Hlth Svcs
PO Box 2026
Knoxville TN 37901
4ab 6c 7k

Child & Family Svcs
Charles E Gentry
114 Dameron Ave
Knoxville TN 37917
2d 3ab 4ab 6c 7khv

MLB Clinic Knox Cty Hlth Dept
Louise K Morgan RN
2247 Western Ave
Knoxville TN 37921
2c 3ab 4ab 6c 7k

Florence Crittenton Agy
Rush B Winchester MD
Exec Dir
PO Box 4094
Knoxville TN 37921
3c 4abcdef 6ab 7ihmu

Rossville Hlth Ctr
Marsha S Anderson
PO Box 249
Rossville TN 38066
2c 3c 4ab 6d 7ihu

Maternal-Infant-Hlth-Outreach-Worker (MIHOW) Proj
Minnie Bommer
Douglas Comm Hlth Clinic
PO Box 276
Stanton TN 38069
2c 3c 4ab 6d 7lhm

Methodist Hosp of Memphis
Kathleen Strausser
Nursing Staff Develop
1265 Union Ave
Memphis TN 38104
2c 3c 4abe 6d 7bhm

Prenatal Prog
Jann Belton
Memphis/Shelby Cty Hlth Dept
814 Jefferson Ave
Memphis TN 38105
2bc 3c 4abe* 6d 7chmu

WIC Prog--NW Reg Hlth Ofc
PO Box 190
Union Cy TN 38261
2d 3c 4ab 6bc 7nhm

WIC/Prenatal/Family Plng Clinics
Maury Cty Hlth Dept
Nancy Penroo
Pub Hlth Nurse
1220 Trotwood
Columbia TN 38401
2bc 3ab 4ab 6d 7nh

Hlthy Children Initiative
TN Dept Hlth/Environ
Jean Davis RN MA
Putnam Cty Hlth Dept
121 S Dixie
Cookeville TN 38501
2d 3c 4abcdef 6bc 7khmu

Upper Cumberland Reg Ofc
Hlth/Environ
Trudy Braun
PO Box 5033
Cooksville TN 38501
2c 3ab 4b 6d 7a

Hlthy Children
White Cty Hlth Dept
Kathy Clark
Box 509
Spartus TN 38583
2d 3c 4ab 6bc 7h

Preparation for Parenthood
Parenting Your Child--1-6
Jane B Hendrix RN
2300 McKinney Ave
Dallas TX 75201
2bc 3c 4abcde 6d 7bhikmu

Salvation Army Soc Svc Ctr
2215 N Akard
Dallas TX 75201
2d 3c 4abc*d 6d 7b

Preparation for Parenthood for Adoptive Parents
Jane B Hendrix RN
2300 McKinney Ave
Dallas TX 75201
2c 3c 4ab 6c 7k

Los Barrios Unidos Comm Clinic
Ruthann Wyrostka
3316 Sylvan Ave
Dallas TX 75212
3c 4abc* 6d 7b

Life Planning/Hlth Svcs
Walter Ostergren
Pres/CEO
2727 Oak Lawn Ste 228
Dallas TX 75219
2d 3ab 4abc 6d 7ihu

John Peter Smith Hosp
Diana Clokey MS RD
1500 S Main St
Ft Worth TX 76133
2bc 3ab 4abc*e 6b 7ih

Wichita Falls-Wichita Cty Pub Hlth Dist
Barbara J Clements
1700 3rd
Wichita Falls TX 76301
2c 3c 4abc*e 6d 7chmuv

Cross Timbers Hlth Clinics
Karol Wilhelm RN
Box 30
DeLeon TX 76444
2d 3c 4bc* 6d 7khu

Jefferson Davis Childbirth Educ Assoc (JDCEA)
Roni Archer
Pres
1801 Allen Pkwy
Houston TX 77019
2d 3c 4abc*de 6bc 7bhmo

Prenatal/Child Hlth Educ Prog
Cy Houston Hlth Dept
Kathryn J Gardner RN MPH
1115 N MacGregor
Houston TX 77030
2c 3ab 4abc*e 6d 7chmuv

Womens & Childrens Hlth Care
Sulabha Hardikar MD
Cy Houston Hlth Dept
1115 N MacGregor
Houston TX 77030
2c 3ab 4abc*e* 6d 7chmuv

WIC Prog--Walker Cty Hlth Dept
Margaret Lovell
Nutritionist
919 Hwy 75 N
Huntsville TX 77340
2d 3c 4abcdef 6d 7nh

Infant Stimulation Prog
Comm Svcs
Nan Hoidal
Richmond St Sch
2100 Preston
Richmond TX 77469
2d 3c 4abc*de*f 6d 7khj

Great Expectations
Kathie Moers RN
Ft Bend Ofc Early Child Develop
902 Morton
Richmond TX 77469
2d 3c 4abc*e 6d 7jh

Galveston Cty Hlth Dist
Thelma Logan RN
PO Box 939
La Marque TX 77568
2d 3c 4abc*e* 6d 7chjmu

Port Arthur Hlth Dept
M&CH/WIC Div
Rosemary Hanicak
PO Box A
Port Arthur TX 77641
2d 3c 4abc*e* 6d 7chmu

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4b - White
4c - Hispanic
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4e - Asian/Pacific Islander
4f - Other

**Language(s)**
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6d - All

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7c - Comprehensive program/health department
7d - EFNEP
7e - EPSDT
7f - Midwife programs
7g - Native American
7h - Nutrition
7i - Prenatal
7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Genetics Screening & Couns Svc
Toye Babb
Box 3846
Beaumont TX 77704
2c 3c 4abc* 6d 7ihr

TX Agric Ext Svc Nutrition
Ed Prog
Lynn White
Family Sciences Proj Superv
US Dept Agric
Special Svc Bldg TAMU Rm 203
College Sta TX 77843-2141
2bc 3c 4abcdef 6d 7nh

Jackson Cty Hlth Dept
411 N Wells St
Edna TX 77957
2d 3c 4abc* 6d 7bhu

Laredo State Ctr
Delores V Rodriguez
Dir
PO Box 1835
Laredo TX 78044-1835
2d 3c 4c* 7m

WIC Prog--Atascosa (RHI)
Hlth Clinic
Judy Lindsey RN
310 W Oaklawn
Pleasanton TX 78064
2b 3b 4bc* 6d 7nh

WIC Prog--San Antonio
Hlth Dist
Mary Lou Quijano RN
2322 Buena Vista
San Antonio TX 78207
2d 3c 4abc*de 6bc 7nh

Travis Park Infant
Nutrition Prog
Nancy Schweers
744 Eventide
San Antonio TX 78209
2d 3c 4abc* 6d 7o

Brownsville Comm Hlth Clinic
Maternity Ctr
Mary Ellen O'Brien CNM
2137 E 22nd St
Brownsville TX 78250
2c 3c 4c* 6d 7lbhotu

Proj ABC--Any Baby Can
Childrens Hosp
Marian Sokol
Proj Dir
PO Box 7330 Stn A
San Antonio TX 78285
2c 3c 4abc*de 6c 7k

Corpus Christi Cty
Hlth Dept
Helen Reeves RN
1702 Horne Rd
Corpus Christi TX 78416
2d 3c 4abc*e 6d 7chmu

Urgent Supplemental Assistance
USA
Margarita Trevino-Rodriguez MS
Hidalgo Cty Hlth Care Corp
PO Box 5803
McAllen TX 78501-02
2bc 3c 4c* 6bc 7hmo

Infant Nutrition/Care Project
Janet Taylor-Lehman MS RD LD
Brownsville Comm Hlth Ctr
2137 E 22nd St
Brownsville TX 78520
2d 3c 4bc* 6d 7o

Brownsville La Leche League
Cy Clinic Prog
Lee Lopez
110 Ebony Ave
Brownsville TX 78520
2c 3c 4bc 6bc 7o

Su Clinica Familiar
Brownsville Clinic
Rosalinda Gonzalez
RN CFNP
FM 511 4000
Brownsville TX 78520
2b 3c 4c* 6ac 7lhmu

Su Clinica Familiar
Rosa Ambruiz
Hlth Educ
1314 Ed Carey Dr
Harlinger TX 78550
2d 3c 4abc 6d 7ahimu

Holy Family Svcs
Kristy Higgs RN
Route 1 Box 257
Weslaco TX 78596
2c 3c 4c 6bc 7bhiko

TX Dept Hlth Nutrition Svcs
Nancy Robinett-Weiss MS RD LD
Dir
Nutrition Svcs
1100 W 49th St
Austin TX 78756
2ab 3c 4abc*e 6bc 7nh

Mother Care Is Baby Care
TX Dept Hlth
Pamela Felker
Div Pub Hlth Promo
1100 W 49th St
Austin TX 78756
2b 3b 4abc* 6b 7ihmu

Early Childhood Intervention
TX Interagency Counc/ECI
Mary Elder
Admin
1100 W 49th
Austin TX 78756
2d 3c 4abc*def 6c 7k

Oral Hlth Teaching Guide for
Mother and Child
Cheryl Aiello MSHP
Dental Hlth TX Dept of Hlth
1100 W 49th St
Austin TX 78756
3c 4abcdef 6d 7q

WIC Prog--TX Dept Hlth
Shirley Hutchison
NE Coord
1100 W 49th
Austin TX 78756
2bc 3c 4abc* 6bc 7nh

EPSDT/TX Dept Humar Resources
Bridget Cook
Prog Dir
PO Box 2960
Austin TX 78769
2d 3c 4abc*de*f 6c 7eh

Vida Y Salud Hlth Systems
Myrna J Goodman CNM
BC Coordinator
308 S 3rd Ave
Crystal City TX 78839
2d 3c 4bc* 6d 7bh

United Med Ctrs
Melinda Spearman RN C
PO Box 921
Eagle Pass TX 78852
2ab 3c 4c* 6d 7bhu

Panhandle Planned Parenthood
604 West 8th
Amarillo TX 79101
3c 4abc*def 6ac 7ju

WIC Prog
Amarillo Bi-Cy-Cty Hlth Dept
Jacquelyn D Barone RD LD RN
411 S Austin
Amarillo TX 79106
2d 3c 4abc*de* 6d 7nh

Panhandle Rural Hlth Corp
Willa Albert RN
PO Box 19130
Amarillo TX 79114-1130
3b 4abc* 6bc 7ihm

New Directions Sch
Peggy McPeak
Lubbock Independ Sch Dist
1301 42nd St
Lubbock TX 79412
2c 3a 4abc 6bc 7ahijmu

WIC & Prenatal--TX Dept Pub Hlth
503 E Hwy
Snyder TX 79549
2d 3c 4abc*d 6d 7nh

Perinatal Clinic
Junior League of Midland
902 W Dengar
Midland TX 79705
2b 3c 4abc 6bc 7ihms

Planned Parenthood of the
Permian Basin
Karen Pieper Hildebrand
910-B S Grant
Odessa TX 79761
2d 3c 4abc* 6ac 7j

City-County Hlth Dist
Shirley Hutchins RNC
Dir Nurses
222 S Campbell
El Paso TX 79901
2b 3ab 4c* 6d 7chimu

TX Tech Univ/RE Thomason
Hosp Nurse Midwifery Svc
Carolyn Routledge CNM
Nurse-Midwifery Coord
4800 Alberta Dept OB-GYN
El Paso TX 79905
2d 3c 4abc* 6d 7fhmtu

La Leche League International
Christina Mayne
6728 Paseo Redondo
El Paso TX 79912
3c 4c* 6bc 7ko

Young Parents Prog
Elizabeth Lund Home
76 Glen Rd
Burlington UT 05401
2d 3ab 4abcdef 6d 7bhm

WIC Prog--UT Indian Tribe
Jean P Blueliexa
Box 193
Ft Duchesne UT 84026
2c 3c 4d 6bc 7nhmu

UT Rural Devel
Donna Olsen
12 E Ctr St
Midvale UT 84047
2d 3c 4bc*d* 7lhim

Salt Lake Cy/Cty Hlth Dept
Prenatal Clinics
Cathy Lubatte PHN
610 S 2nd E
Salt Lake Cy UT 84111
2d 3c 4abc*de* 6bc 7ih

Maternal & Infant Care Clinic
Marie Miklus
UT Dept of Hlth
44 Med Dr
Salt Lake City UT 84113
2d 3c 4abc*de 6d 7bhmtu

WIC Prog--Salt Lake Cy-Cty
Hlth Dept
Dawn Higley RN
WIC Clinic Mgr
3891 SW Temple
Salt Lake Cy UT 84115
2d 3c 4abc*de*f 6bc 7nh

EFNEP
UT Prog
Georgia C Lauritzen
Coop Ext Svc UT
UT St Univ UMC 87.
Logan UT 84322
2d 3c 4abc*de 6ab 7dh

Weber Morgan Dist Hlth Dept
Prenatal Prog
Peg Wehrle NM
2570 Grant Ave
Ogden UT 84401
2bc 3c 4abc*de 6d 7ihu

WIC Prog--SE UT Dist Hlth Dept
Kathi Kearney RN
Box 644
Castle Dale UT 84513
2d 3c 4bc* 6d 7nh

WIC Prog--SW Dist Hlth Dept
Sheila Finch
551 S 300 E
St George UT 84770
2d 3ab 4abc*d 6d 7nhm

Smoking & Pregnancy Prog
American Lung Assn/N VA
Kay Doggett
Prog Dir
9735 Main St
Fairfax VA 22031
2c 3c 4abc 6d 7m

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7e - EPSDT
7f - Midwife programs
7g - Native American
7h - Nutrition
7i - Prenatal
7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

ASPO/Lamaze
Washington DC Chap
Lynn Wingerd
446 River Bend Rd
Great Falls VA 22066
2c 3c 4abcde 6bc 7bjhsu

Loudoun Cty Hlth Dept
209 Gibson St NW
Leesburg VA 22075
2c 3ab 4abc3 6d 7chimu

N VA Hlthy Mothers, Healthy Babies Coalition
Wendy L Rudolph
Fairfax Falls Church Comm Svc Bd
301 Maple Ave W 3rd Fl
Vienna VA 22180
2d 3c 4abc*de 6d 7bahim

Fauquier County Hlth Dept
Betty S Littleton
340 Hosp Dr
Warrenton VA 22186
2c 3a 4ab 6d 7ahu

Svc to Military Families/ Veterans
Barbara G Nnoka
Dir
American Red Cross/Arlington Cty
4333 Arlington Blvd
Arlington VA 22204
2c 3c 4abcde* 6bc 7hv

Maternal Child Hlth Prog
Bur of Pub Hlth Nursing
Martha Desrosiers
Dir of Nursing
Arlington Dept of Human Svcs
1800 N Edison St
Arlington VA 22207
2d 3c 4abc*e*f 6d 7bhikmopu

Teen Age Parent
Jeff Wilson
Alexandria Pub Sch
3801 W Brappock Rd
Alexandria VA 22302
2c 3a 4abc 6d 7ah

Confinement Line
Sue Johnston LCSW
Potomac Psychological Res
1225 Martha Custis Dr Ste 2
Alexandria VA 22302
2d 3c 4abcde 6d 7it

Northern Neck Hlth Dist
Marilyn Carter
PHN Superv
PO Box 226
Warsaw VA 22572
2d 3c 4abe 6d 7chmu

Shenandoah Cty Hlth Dept
Maternal Child Hlth
Anna K Lindsey RN
PHN Superv
PO Box 269
Woodstock VA 22664
2d 3c 4ab 6d 7chjmu

Maternity Group
Thomas Jefferson Hlth Dist
Joan M Richard RN
PO Box 7546
CharlottesvilleVA 22906
2d 3c 4ab 6bc 7ihs

Better Beginnings of Hanover and Hanover Hlth Dept
Nancy Davis
PO Box 67
Hanover VA 23069
2c 3ab 4abc 6ab 7cahjk

Maternal & Child Hlth Grant
Christine Lucas
Charles Cy/Goochland Cty Hlth Dept
Hanover CH VA 23069
2d 3a 4ab 6ab 7ahj

Mathews Cty Hlth Dept
S Thomas
PO Box 26
Mathews VA 23109
2c 3ab 4ab 6d 7chu

Hanover Hlth Dist/New Kent Cty
Anna Davis FNP
PO Box 86
New Kent VA 23124
2c 3c 4abd 6d 7chmu

Div Pub Hlth Nutrition
Doris F Clements
Pub Hlth Nutrition Superv
VA Dept of Hlth
109 Governor St 6th Flr
Richmond VA 23219
2c 3c 4abcdef 6b 7h

Richmond Cy Hlth Dept Mobile
Maternity Intake Svc
Frances Duston MD MPH
Dir Pub Hlth
600 E Broad St Rm 629
Richmond VA 23219
2d 3c 4abf 6b 7i

Love Yourself Love Your Baby
VA Dept Hlth
Mareme Martin Staples
109 Governor St
Richmond VA 23219
2c 3ab 4a 6ab 7ihmu

WIC Prog--VA
Brenda Morgan
Info Ofcr
VA Dept Hlth
J Madison Bldg 109 Governor St
Richmond VA 23219
2d 3c 4abc*de*f* 6d 7nh

Smoking & Pregnancy/Choking
American Lung Assn/VA
Nancy G Loudy
Richmond Reg Dir
311 S Blvd
Richmond VA 23220
2c 3c 4ab 6bc 7m

Norfolk Family Planning Proj
Helen W Taylor MD
Norfolk Hlth Dept
1015 E Princess Anne Rd
Norfolk VA 23504
2d 3c 4abc 6ac 7cu

WIC Prog--Cy Norfolk Dept Hlth
Huntersville Svc Ctr
Lisa Haedrich
WIC Nutritionist
830 Joff St
Norfolk VA 23504
2d 3c 4abc*e* 6d 7nhv

Tidewater Counc on Alcoholism
Marcelle Hagen
Ed Dir
7510 Granby Ste 4
Norfolk VA 23505
2bc 3ab 4abce 6ab 7mh

Norfolk Gen Womens Hlth Pavilion
Terri Chambers
Nursing Admin
600 Gresham
Norfolk VA 23507
2c 3ab 4abce 6d 7bh

Norfolk Perinatal Grant Proj
Norfolk Dept Pub Hlth
Barbara Czerwinski
Perinatal Nurse Superv
401 Colley Ave
Norfolk VA 23507
2d 3c 4abc 6d 7ihm

WIC Prog--Norfolk
Sharon Smith
Prog Mgr/Nutritionist
606 W 29th St C & Y Proj
Norfolk VA 23508
2d 3c 4abc*e* 6d 7nhmo

Norfolk Comm Svcs Board
Nancy Jones
201 Granby Mall Bldg Ste 103
Norfolk VA 23510
2c 3ab 4ab 6d 7bhkmr

E VA Pregnancy Hot Line
Ingrid Ligeon
101 St Paul's Blvd Ste 1100
Norfolk VA 23510
2d 3c 4abcdef* 6d 7ih

Teens-N-Tots
Audrey H Butler RN
Nurse Mgr A
Peninsula Hlth Dist
416 J Clyde Morris Blvd
Newport News VA 23601
2abc 3a 4a 6c 7ak

East End Hlth Facility
Doris R Harris
1033 - 28th St
Newport News VA 23666
2c 3c 4ab 6bc 7bhkmuv

Cradle Crier
V Nance
VPI Coop Ext Svc
PO Box 492
Yorktown VA 23690
2c 3b 4abce 6c 7kh

Chesterfield Cty Hlth Dept
Maternal/Child Hlth Prog
Vicki Stamps RN PHN MCH
Coord
PO Box 100
Chesterfield VA 23832
2d 3c 4abcdef 6d 7chkmrtu

Colonial Heights Hlth Dept
200 Highland Ave
Coln Heights VA 23834
2d 3c 4abc*def 6d 7chmu

Maternal & Child Hlth WIC
Dinwiddie Cty Hlth Dept
Bonnie Culbreath RN
PO Box 185
Dinwiddie VA 23841
2d 3c 4ab 6d 7nhmu

Franklin/Southampton Rural
Infant Care Proj
Celia C Cousins
Coord
E VA Med Auth/Hlth Dept
507 3rd Ave
Franklin VA 23851
3ab 4ab 6c 7a

Piedmont Hlth Dist
Maternal/Child Hlth Proj
JoAnne Hughes RN M Ed
VA Dept Hlth
110 N Main St
Farmville VA 23901
2c 3c 4ab 6bc 7chmt

Maternal Child Hlth Grant Prog
Donna Conner RN
MCH Superv
Mecklenburg Cty Hlth Dept
PO Drawer 370
Boydton VA 23917
2d 3c 4abc*de 6d 7chimu

Crisis Pregnancy Ctr
Ruth Fielder
2724 B Liberty Rd
Roanoke VA 24012
3c 4abcd 6bc 7ihkv

Prog for Adolescent Pregnancy
Kathryn B Kelly
PO Box 8538
Roanoke VA 24014
2bc 3a 4ab 6bc 7abhijmu

Routine OB Better Babies
High Risk OB Educ
Sue Mundy RN
Perinatal Educ Coord
Roanoke Mem Hosp-OB/GYN Clinic
127 McClanakun St SW
Roanoke VA 24014
2bc 3c 4abe 6b 7ihmt

Roanoke Childbirth Educ
& Assoc/ASPO
Vicki Honer
PO Box 3204
Roanoke VA 24015
2d 3c 4abcde 6d 7ih

Cooperative Extension Svc--VA
Polytechic Inst
Jean Robbins
US Dept Agriculture
2728 Colonial Ave SW #10
Roanoke VA 24015
2c 3ab 4abc 6bc 7h

Planned Parenthood of SW VA
Patty Bundy
309 Luck Ave
Roanoke VA 24016
2bc 3c 4ab 6abc 7jihmu

Div Pub Hlth Nutrition
VA Dept Hlth
Elizabeth L Aydlett RD
1304 Crestview Dr
Blacksburg VA 24060
2ab 3c 4ab 6d 7h

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7c - Comprehensive program/health department
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7e - EPSDT
7f - Midwife programs
7g - Native American
7h - Nutrition
7i - Prenatal
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7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Alleghany Hlth Dist Maternity
Clinic Svcs
Linda M French RN MPH
PO Box 220
Fincastle VA 24090
2d 3ab 4abcdef 6bc 7ih

Craig Cty Hlth Dept Maternity
WIC Pediatric Clinics
Patricia W Gayle
PO Box 6
New Castle VA 24127
2d 3c 4b 6d 7chmu

Dickenson Cty Hlth Dept
Sharon Trumbley RN
PO Box 768
Clintwood VA 24228
2b 3c 4ab 6d 7chu

Scott Cty Hlth Dept
Margaret W Moretz
Social Worker
PO Box 668
Gate City VA 24251
2c 3c 4ab 6d 7chu

Lee Cty Hlth Dept
Margaret W Moretz
Social Worker
PO Box 247
Jonesville VA 24263
2bc 7ac 3ab 6d 7chu

Russell Cty Hlth Dept
Elaine Francisco FPSW
Box 387
Lebanon VA 24266
2c 3c 4ab 6d 7chu

St Charles Comm Hlth Clinic
Patricia B Hughes
Admnin
PO Drawer S
St. Charles VA 24282
2c 3c 4b 6d 7bhim

Wise Cty Hlth Dept
Margaret W Moretz
Social Worker
PO Box 1409
Wise VA 24293
2c 3c 4ab 6d 7chu

Alleghany Cty-Covington Hlth
Dept Prenatal Clinic
Vivian N Sutphin RN
PO Box 747
Covington VA 24426
2c 3c 4ab 6bc 7chmu

Maternal Svcs/Child Hlth
Svcs Prog
Cora LE Christian MD MPH
Box 520, C'sted
St Croix VI 00820
2d 3c 4abc 6d 7bhu

Babysitting
Betty Jones
American Red Cross/N VT
PO Box 508
Burlington VT 05402
2b 3a 4b 6c 7khm

Children & Youth Svcs/WCMH
Michael O'Hare MD
9 Heaton St
Montpelier VT 05602
2d 3c 4abcde* 6c 7k

Parent/Child Ctr
Cheryl Mitchell
Box 646
Middlebury VT 05753
2d 3c 4abcdef 6d 7khimpu

Child and Family Develop Prog
Daniel Shea MA
Administ Dir
10 Main St
New Port VT 05855
2c 3ab 4b 6d 7bhmpu

Parent-to-Parent
NE Kingdom Mental Hlth Svc
Winsome A Hamilton
PO Box 724.
Newport VT 05855
2c 3ab 4b 6c 7khjm

WA Teen Inst
WA St Counc On Alcoholism
Brad Coutts
1882-136th Pl NE Ste 103
Bellevue WA 98005
2d 3a 4abcde 6b 7m

Virginia Mason Nurse
Midwifery Svc
Michele Domash
Virginia Mason Hosp
925 Seneca
Seattle WA 98101
3c 4abcde*f 6d 7fhu

Neighborhood Hlth Ctr
of Seattle
Susan Sanborn
905 Spruce St Rm 201
Seattle WA 98104
2ab 3c 4abcde* 6d 7ju

Birth Defects Seminar
Childrens Orthopedic Hosp
Cynthia Shurtleff
M Ed
Box C5371
Seattle WA 98105
2c 3ab 4abcde 6ab 7r

WIC Prog
Carolyn Downs Family Med Ctr
1422 34th Ave
Seattle WA 98122
2c 3c 4abc*de*f* 7bc 7nh

Puget Sound Svc Unit
Pat Mail
Hlth Educ
4735 E Marginal Wy S Rm 1470
Seattle WA 98134-2381
2c 3ab 4d 6bc 7gm

Crisis Pregnancy Ctr/
Snohomish Cty
Karen Ranheim
2722 Colby 622
Everett WA 98201
2d 3c 4abcde 6ab 7i

Pregnancy Aid of Snohomish Cty
Roberta Wolcott
Exec Dir
PO Box 1317
Everett WA 98206
2d 3c 4abc*de* 6d 7behmtu

Tulalip Tribes Hlth Clinic
Lola H Deane FNP/CRN
6700 Totem Beach Rd
Marysville WA 98270
2c 3c 4d 6d 7ghkmu

Baby & Me
Cynthia Vom Steeg
Fam Life Educ/Peninsula Coll
PO Box 1157
Forks WA 98331
2c 3c 4bd 6c 7k

Little Boston Klallam Hlth Ctr
Family Practice
Pamela J Boni
CRN FNP
Port Gamble Klallam Tribe
PO Box 280
Kingston WA 98346
2d 3c 4d 6c 7khmu

Perinatal Proj
Nita Quan
Coord
Clallam Cty Hlth Dept
1502 E Lauridsen Blvd
Port Angeles WA 98362
2d 3c 4bde 6d 7chkmuv

WIC Prog--Lower Elwha
Zue Holthe CHN
WIC Coord
PO Box 1370
Port Angeles WA 98362
2c 3c 4e 6d 7nhjm

Jefferson Cty Hlth Dept
Gretchen Gephart
Dir Nursing
802 Sheridan
Port Townsend WA 98368
2d 3c 4bcd 6d 7chmrtu

Mary Bridge Childrens
Hlth Ctr
Elsie Myers
Dir Comm Maternal/Child Clinic
316 North L St
Tacoma WA 98403
2c 3ab 4abc*e* 6bc 7hm

Breastfeeding Prog--Tacoma
Pierce Cty Hlth Dept
Sandra Jolley CRN CPNP
3629 S D St
Tacoma WA 98408
2c 3c 4abe 6bc 7no

Prenatal/WIC Prog
Tacoma-Pierce Cty Hlth Dept
Diane Yelish
3629 S D St
Tacoma WA 98408
2b 3c 4ab 7n

You and Your Baby
Melinda McMahan
Off Maternal/Child Hlth
Airdustrial Pk LC-12A
Olympia WA 98504
2c 3a 6c 7kv

WIC Prog--WA St
Loren Bell
WIC Mgr
DSHS-WIC Prog Mail Stop LC-12C
Olympia WA 98504
2bc 3c 4abc*de* 6d 7nhm

WA Dept Soc/Hlth Svcs--Hlth Ed
LC-16
Jim Glick
Superv Hlth Ed
Olympia WA 98504
2c 3ab 4ab 6a 7jhm

WA Traffic Safety Comm Passenger
Protection Prog
1000 S Cherry St
Olympia WA 98504
2ac 3c 4abcd 6d 7k

WIC Prog--Cowlite Family Hlth
Ctr
Loretta Holland
WIC Coord
729 Vandercook Way
Longview WA 98632
2d 3c 4abc*de* 6bc 7nhmv

SW WA Hlth Dis Prenatal Prog
Kay Koontz
PO Box 1870
Vancouver WA 98668
3c 4abc*de* 6bc 7ch

Yakima Hlth Dist
Cheryl Cornell RNP
104 N 1st St
Yakima WA 98901
2bc 3c 4abc*de* 6bc 7ihmu

WIC Prog--Neighborhood
Hlth Svcs
Mary Jo Mengarelli RD
12 S 8th St
Yakima WA 98901
2d 3c 4abc*de 6bc 7nhmo

Prenatal Referral Prog
Ctl WA Perinatal Prog
Gail Weaver or Sandy Shaver
Yakima Valley Mem Hosp
2811 Treton Dr
Yakima WA 98902
2d 3c 4abc*de 6d 7i

WIC Prog--WA St Migrant Counc
Sara Sue Wohlcke RN
WIC Coord
804 Decatur
Sunnyside WA 98944
2d 3c 4abce* 6d 7nh

Cooperative Extension
WA St Univ
Sue Butkus
Nutrition Spec
Agricultural Sci Bldg
Pullman WA 99164
2b 3ab 4abcde 6d 7hm

**KEY**

The codes following each respondent organization name and address correspond with these program characteristics:

**Reading level**
2a - Illiterate
2b - 1st-3rd and 4th-6th grades
2c - 7th-9th and 10th grade and above
2d - all levels

**Age(s)**
3a - Teenager
3b - Young adult and older adult
3c - Both

**Ethnic group(s)**
4a - Black
4b - White
4c - Hispanic
4d - Native American
4e - Asian/Pacific Islander
4f - Other

**Language(s)**
Asterisk after ethnic group above indicates use of language other than English

**Stage(s)**
6a - Pre-pregnancy
6b - Pregnancy
6c - Post-partum, newborn, infancy
6d - All

**Special Problems Addressed**
7a - Adolescent Pregnancy
7b - Comprehensive
7c - Comprehensive program/health department
7d - EFNEP
7e - EPSDT
7f - Midwife programs
7g - Native American
7h - Nutrition
7i - Prenatal
7j - Pre-pregnancy
7k - Postnatal/parenting
7l - Rural
7m - Substance use
7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Columbia Basin Hlth
Nancy Blaisdell RN
PO Box 546
Othello WA 99344
2c 3c 4bc* 6d 7chmu

WIC Prog
Walla Walla Cty-Cy Hlth Dept
Joan Perry
Prog Dir
310 W Poplar
Walla Walla WA 99362
2d 3c 4abcde 6d 7nhm

Asotin Cty Hlth Dept
E Lyden RN
431 Elm St
Clarkston WA 99403
2bc 3c 4bdf 6bc 7ch

Assn for Retarded Citizens
-Prev Prog
Susan Stang
Prev Coord
611 E Wells St
Milwaukee WI 53202
2d 3c 4abc*d 6d 7ihr

16th St Comm Hlth Ctr
Lynne D De Broin - Hlth Educ
Coord
1032 S 16th St
Milwaukee WI 53204
2d 3c 4bc*e* 6d 7bhikmnpu

Milwaukee Cty Dept of Social
Services -Parent Educ
Paul Reinelt
Coord
1220 W Vliet St
Milwaukee WI 53205
2d 3c 4abc*de 6bc 7khk

La Leche League Milwaukee
Alice Rouleau
Area Professional Liaison
3971 S Whitnall Ave
Milwaukee WI 53207
2c 3c 4bc 6bc 7o

Milwaukee Indian Hlth Board
Barbara Vitucci
930 N 27th St
Milwaukee WI 53208
2d 3c 4abcde 6d 7ghkmu

Early-On
Barbara Gardner
Next Door Found
736 N 31
Milwaukee WI 53208
2c 3b 4abcd 6c 7khv

Genesis Outpatient Drug &
Alcohol Treatment Prog
Nathan J Bryer
3034 W Wisconsin Ave
Milwaukee WI 53208
2d 3c 4abcd 7m

Family Hosp Teen Pregnancy Svc
Mary Jo Baisch
Dir
2711 W Wells
Milwaukee WI 53208
2b 3a 4abcd 6bc 7ahu

Day Care Preschool Hlth Prog
Gloria Rhone RN
5622 N 36th St
Milwaukee WI 53209
2c 3c 4abc*e 6d 7k

Inner Cy Devel Proj--
Capitol Drive CHC
Cindy Legrand-Hosale
2411 W Capitol Dr
Milwaukee WI 53211
2c 3ab 4a 6d 7ih

Prenatal Educ and Assessment
Prog
Colleen Landazuri RN
Milwaukee Hlth Dept
3200 N 36th St
Milwaukee WI 53216
2bcd 3a 4abcde 6abc 7abhimu

Breathing for Two
American Lung Assn/WI
Martha Stollberg
10001 W Lisbon Ave
Milwaukee WI 53222
2c 3c 4abcd 6d 7m

March of Dimes Birth Defects
Found
Bonnie J Jachowicz RN
2949 N Mayfair Rd
Wauwatosa WI 53222
2d 3c 4abcd 6a 7jhmu

Samaritan Hlth Plan
Marilyn Bromley RN
Med Svcs Superv
2040 W Wisconsin Ave
Milwaukee WI 53233
2d 3c 4abcde 6d 7bhmu

Preparation for Parenthood
Parenting from 1-6
Sue Weber RN
Comm Hlth Ed Coord
American Red Cross/Milwaukee
2600 W Wisconsin Ave
Milwuakee WI 53233
2c 3ab 4abd 6bc 7bhj

Caring Connection
Susan Waditwani
St Lukes Hosp
Racine WI 53403
2bc 3ab 4abcd 6d 7aijkpuv

Early Pregnancy Class
Mercy Hosp
Cathy Flanagan RN
Hlth Ed Instr
1000 Mineral Point Ave
Janesville WI 53545
3b 4b 6b 7lhm

EPSDT/WI Div Hlth
Charles T Trevallee
Prog Mgr
PO Box 309
Madison WI 53701
2b 3ab 4abc*de 6c 7e

MCH Unit--Bur Comm Hlth/Prev
WI Div Hlth
Anita H Grand RN CNM
PO Box 309
Madison WI 53701
2bc 3ab 4abc*de* 6d 7chp

Wisconsin Nutrition Proj
Theresa Hadley
1045 E Dayton St Rm 204
Madison WI 53703
2c 3c 4abc*de* 6d 7o

Single Parent Hlth Info Prog
Madison Urban League
Betty A Franklin
151 E Gorham St
Madison WI 53703
2c 3ab 4abc 6c 7kh

Univ WI-Extension
Family Living Educ
Jane Voichick
432 N Lake St
Madison WI 53706
2bc 3c 4abc*d 6d 7dh

Statewide Genetics Svcs Network
Univ WI
Raymond Kessel
104 Genetics Bldg 445 Henry Mall
Madison WI 53706
2c 3a 4abcdef 6ab 7ahr

Marquette Cty Pub Hlth Svc
Ruby Dow
PO Box 181
Montello WI 53949
2bc 3ab 6bc 7ch

WIC Prog--Door Cty Pub Hlth
Nursing Svc
Diane Moreau
1715 Rhode Island St
Sturgeon Bay WI 54235
2d 3c 4abc*de 6d 7nhm

WIC Prog--NEW Comm Clinic
Trudy Hagstrom
WIC Prog Coord Brown Cty
PO Box 2526
Green Bay WI 54306
2d 3c 4abc*de* 6bc 7nhmv

Wausau Insurance Co
Hlth Svcs
Barb Lepinski RN
2000 Westwood Dr
Wausau WI 54401
2d 3b 4b 6ab 7hjmov

Price Cty Nursing Svc
Vickie Petrashek RN
Courthouse
Phillips WI 54555
2bc 3c 4b 6d 7bh

La Crosse Lutheran Hosp
Teen Hlth Svc
Tim Skinner
Proj Adm
1910 South Ave
La Crosse WI 54601
2bcd 3ab 4abcdef 6d 7abhjk

Unified La Crosse Reg Infant
Intensive Care Prog
Sue Murvich
PO Box 1326
La Crosse WI 54601
2d 3c 4abcdef 6c 7kh

Family Life Ed-
Parenting Your Child From 1-6
Mary Anne M Snyder
LaCrosse Cty Hlth Dept
1707 Main St
LaCrosse WI 54601
2c 3b 4b 6c 7khv

La Crosse Breastfeeding
Task Force
Donell Kerns
Coord
Grandview Bldg 1707 Main St
La Crosse WI 54601.
2c 3c 4be* 6d 7ok

WIC Prog--Jackson Cty
JoAnn Wegenke
PO Box 310
Black River FlsWI 54615
2b 3c 4bd 6bc 7nh

OSSEO Area Hosp
Margaret L. Lunde RN
Ob Superv
Osseo WI 54758
2c 3c 4bde 6d 7bhm

"It's A New Life"
Teen Pregnancy Prog
Carol Heid RN
OB Ed Coord
1818 N Meade
Appleton WI 54911
2cd 3a 4bc 6bc 7ahu

WIC Prog--Ctl WI
Gail Yest
PO Box 191
Wild Rose WI 54984
2d 3c 4abc*e 6d 7nhm

Winnebago Cty Pub Hlth Nursing
Svc Maternal-Child Hlth Prog
Janice M Gebheim RN
PO Box 68
Winnebago WI 54985
2d 3c 4be* 6d 7chm

Winnebago Cty Family
Planning Clinic
Kathy Wenzel RN/MSN
PO Box 68
Winnebago WI 54985
2c 3a 4abe 6a 7jhmuv

Winnebago Cty Pub Hlth
MCH Nutrition
Connie Elseh
Box 68
Winnebago WI 54985
2c 3b 4b 6d 7ch

WIC Prog--Winnebago Cty
Barbara Sheldon RD
PO Box 68
Winnebago WI 54985
2d 3c 4abc*de* 6bc 7nh

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7l - Rural
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7n - WIC
7o - Breastfeeding
7p - Child abuse
7q - Dental Care
7r - Genetic counseling, birth defects
7s - Lamaze/preparation for delivery
7t - Medically high-risk
7u - Sexually transmitted diseases
7v - Life skills

Prenatal/Family Plng/Infant
Mortality Reduc/Ped Clinics
Mona Blackwell
Mercer Hlth Clinic
RT 2 Box 382
Bluefield WV 24701
2d 3c 4ab 6d 7ihmu

Statewide Family Plng Prog
Tri-Dist Comm Hlth
Wanda Slover RN
PO Box 48
Algoma WV 24807
2c 3c 4ab 6a 7jhu

Maternal Infant Hlth
Outreach Workers (MIHOW)
Darlene Kent
Tug River Clinic Assoc
Box 507
Gary WV 24836
2c 3c 4ab 6bc 7bhmou

Greenbrier Cty Hlth Dept
295 Seneca Trail
Ronceverte WV 24970
2c 3b 4ab 6ab 7chjkmu

Clay Cty Hlth Dept
Rene Hybbard
Box 36
Clay WV 25043
2c 3b 4b 6bc 7chmu

WV Dept of Hlth
-Maternity Svcs Prog
Pat Moore-Mass
1143 Dunbar Ave
Dunbar WV 25064
3c 4abc* 6d 7chijmu

WIC Prog--Kanawha Cty
Molly Szymanski
1217 A Stewart Plaza
Dunbar WV 25064
2c 3c 4abe 6d 7nh

Birth Ctr
H Delfos-Broner CNM
Coord
Womens Hlth Ctr WV
3418 Stauntor Ave
Charleston WV 25304
2d 3c 4abcde 6d 7ihku

Flouride Supplement Prog
WV St Hlth Dept
John Wilson DDS
Dir Dental Div
1800 Washington St E
Charleston WV 25305
2c 3b 4ab 6c 7q

Smoking & Pregnancy Prog
American Lung Assn/WV
Kathi Elkins
PO Box 3980
Charleston WV 25339
2c 3b 6b 7m

Wayne Cty Hlth Dept
Prenatal Clinic
Sue Ellen Cyrus
Prenatal Clerk/OB Clinic
PO Box 368
Wayne WV 25570
2c 3c 4b 6d 7chmu

Maternal Infant Hlth Outreach
New River Fam Hlth Ctr
Linda Stein
PO Box 337
Scarbro WV 25917
2d 3c 4ab 6bc 7lhik

Parent Ed & Family Intervention
Helen Wilson
PO Box 4246
Parkersburg WV 26101
2d 3c 4b 6ab 7ihmu

Youth Hlth Svc
Frances L. Jackson, RN MN
Dir
PO Box 1759
Elkins WV 26241
2bcd 3ab 4b 6abc 7ah

Child Care and Development
Class
C Coughlin
Washington Irving HS
Lee Ave
Clarksburg WV 26301
2c 3a 4ab 6d 7ahmu

State Maternity Prog
Diane Kyle RN
PO Box 337
Glenville WV 26351
2d 3c 4b 6d 7ihm

Statewide Maternity Prog
Lewis Cty Hlth Dept
PO Box 1750
Weston WV 26452
2c 3b 4be 6b 7c

Prenatal Prog
Nicholas Cty Pub Hlth Dept
Dana Holbrook RN
1 Stevens Rd
Summersville WV 26651
2c 3c 4b 6d 7ihmu

WIC Prog
Susan M Kimble
PO Box 935
Keyser WV 26726
2c 3c 4abc* 6d 7nh

EFNEP--Univ WY Coop Ext Svc
Karen Ross
US Dept Agric
1700 Snyder
Cheyenne WY 82001
2c 3c 4abc*def 7dh

Hlth Risk Reduction Prog
WY Div Hlth/Med Svcs
Menlo Futa
Chathaway Bldg
Cheyenne WY 82002
2d 3c 4abcdef 6a 7ihmtu

Family Hlth Svcs and WIC Prog
WY Dept Hlth/Social Svcs
R Larry Meuli MD
Hathaway Bldg 4th Fl
Cheyenne WY 82002
2c 3c 4abc*de 6bc 7nhm

EFNEP/Univ WY
Linda Melcher
Coop Ext Svc/WY
PO Box 3354
Univ St LaramieWY 82071
2d 3c 4abcde 6d 7dhm

Tri-Cty Devel
Carol Rucker
PO Box 100
Guernsey WY 82214
2d 3c 4bc* 7bh

WY Womens Ctr New Mothers
Support Group
Denise Smith
Box 210
Lusk WY 82225
2d 3b 4b 6bc 7km

WIC Prog--Shoshone &
Arapahoe Tribes
Chris Fogelman RD
Box 217
Fort Washakie WY 82514
3c 4d 6bc 7nhm

Cradle Cryer
Linnet McGoodwin
Univ WY Agric Ext Svc
Box 4006
Sheridan WY 82801
2c 3b 4bcd 6c 7kh

W WY Family Plng
Vivian Dixon
Box 1066
Kemmerer WY 83101
2c 3c 4abc 6ab 7ju

BHCDA
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Health Resources and Services Administration
Bureau of Health Care Delivery and Assistance
DHHS Publication No. (PHS) 86-50209

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**Dear Healthy Mothers, Healthy Babies Coalition:**

☐ Please send me information about joining the Coalition.
I represent a national organization interested in maternal and infant care.

☐ Please send me information about forming a community/State chapter of the Healthy Mothers, Healthy Babies Coalition.

Name _____

Organization _____

Street _____

City _____ State _____ Zip _____

I have these comments about the *Compendium* (please include suggestions for future editions):

Mail to:

Healthy Mothers, Healthy Babies National Coalition
600 Maryland Avenue, S.W., Suite 300E
Washington, DC 20024-2588